



# FACILITATOR'S MANUAL

**Tools and strategies to help you  
facilitate SMART Recovery meetings**

*being a SMART meeting facilitator*

*setting up & facilitating meetings*

*facilitation skills & tools*

*common challenges*



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# Introduction

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## Hello!

Welcome. You have chosen to take on an important and rewarding volunteer position. We thank you for your commitment, time, and dedication to the SMART Recovery® organization and to the participants with whom you'll come in contact.

By becoming a SMART facilitator, you support our work of:

- Providing free face-to-face and online mutual-support meetings
- Providing forums for learning about and discussing addictive behaviors
- Advocating for choice in help for addictive behaviors

Experience shows that people in recovery are more successful when they receive support from friends, family, and mental health professionals. SMART can be one leg of this vital support network.

SMART is a science-based program. It's built upon well-established scientific approaches that use techniques from:

- Cognitive Behavior Therapy (CBT)
- Rational Emotive Behavior Therapy (REBT)
- Motivational Enhancement Therapy (MET)

The techniques help people manage behavioral problems and achieve successful change. As a facilitator, you'll help participants learn to apply SMART's tools to their addictive behavior as they build on the 4-Point Program® and toward living a balanced life.

We recommend you also use — and have copies available for purchase — the most current edition of the SMART Recovery Handbook as you facilitate your meetings. It provides more depth on the theories and ideas behind SMART Recovery than this manual. It is a critical reference and resource to you and the people at your meetings.

## The global SMART community

We offer face-to-face meetings in many countries, including the United States, Australia, United Kingdom, and Canada. Volunteers translated our 2nd edition Handbook into Spanish, German, Portuguese, Farsi, Mandarin Chinese, and Danish. We hope to have this 2nd edition Facilitator's Manual translated by volunteers, too.

Our online meetings reach a global community. Most of our face-to-face and online meetings are for people in recovery, but there are Family & Friends meetings, too. Anyone may attend any of our meetings except for those listed as “closed.”

We aren't a membership-based organization so there's nothing to join. Trained volunteers facilitate all of our meetings and serve in many other roles. They generously share their experience, knowledge, and compassion, and are the backbone of the SMART community.

## Acknowledgements

Special thanks to Jim Braastad, Randy Lindel and John Frahm, who generously gave their time and expertise to create this version of the *SMART Recovery Facilitator's Manual*, and extra thanks to editor Rosemary Hardin.

## Disclaimer

Our program isn't intended to be a substitute for professional help or treatment. While SMART does help many people who work toward recovery on their own, it's also a useful supplement to professional help.

If someone has serious difficulties with alcohol, drugs, compulsive gambling or sexual behaviors, overeating, self-harm, or other dangerous problems, they may benefit from professional help in addition to working the SMART program.

To find a mental health professional in your area who subscribes to SMART's principles, visit **[www.smartrecovery.org](http://www.smartrecovery.org)**.



# Chapter 1: Being a SMART facilitator

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## What is SMART Recovery?

SMART Recovery is a science-based program to help people manage their recovery from any type of addictive behavior. This includes addiction to substances such as alcohol, nicotine, or drugs, or behaviors such as gambling, sex, eating, self-harming, etc.

SMART stands for **S**elf-**M**anagement **A**nd **R**ecovery **T**raining.

SMART was founded in 1994 in the United States. It has grown into a worldwide network of mutual-aid meetings — face-to-face and online — in which participants can get help from others in recovery. SMART is growing; we operate in the United States, the United Kingdom, Australia, Canada, and many other countries around the world.

No single approach to recovery is right for everyone. Research suggests that mutual aid and professional treatment can help people who are in recovery; many people benefit from a combination of the two.

SMART Recovery helps participants decide if they have a problem, builds their motivation to change, and offers a set of proven tools and techniques to support recovery.

This is the SMART Recovery 4-Point Program:

1. Building and maintaining motivation
2. Coping with urges
3. Managing thoughts, feelings, and behaviors
4. Living a balanced life

People can participate in SMART for as long as they want. There is no requirement to make a lifetime commitment to the program, only to their recovery and to leading a healthier life.

Many find that participating in SMART helps them maintain their recovery. Some become facilitators and start meetings to bring SMART Recovery to new people and places.

SMART avoids using labels — addict, alcoholic, druggie, overeater, etc. — because labeling people based on their behavior isn't conducive to recovery.

There are varying degrees of addictive behavior; almost everyone will experience addiction to some degree during their lives. SMART can be an important and effective part of the recovery journey for those who find their lives overwhelmed by an addictive behavior, no matter what the addictive behavior is.

SMART encourages individuals to determine a recovery path that is right for their needs and beliefs. Some may choose to use the program in concert with other mutual-support groups, or in conjunction with professional treatment. SMART recognizes there are many pathways to recovery.

## What does it take to be a facilitator?

While being a facilitator may sound a little scary, think about what you do in your everyday life. If you're a parent, manager, co-worker, spouse or partner, friend, or sibling, you probably use facilitation skills every day, you just don't think of them as such.

Because the meeting process is a big part of what makes meetings successful, it's the facilitator's role to ensure meetings follow the process to run smoothly and effectively. This involves six main tasks:

1. Facilitate the meeting to follow the meeting outline
2. Enable free-flowing mutual-support discussions focused on recovery from addictive behaviors.
3. Ensure all attendees have the opportunity to participate
4. Prevent any one participant from dominating the discussions.
5. Maintain the focus of discussions on the recent past, present, and future. This means discouraging prolonged "war stories".
6. Ensure every meeting uses at least one SMART tool.

The facilitator also ensures meetings are:

**Confidential.** Participants and facilitators may not discuss the contents of discussions and the names of people in attendance outside the meeting. Meeting participants should avoid discussing other meeting participants who are not present.

**Friendly and non-confrontational.** Facilitators, with the support of the group, help ensure meetings are safe and supportive to provide effective support to all those attending.

Facilitators also:

**Encourage participative learning.** When people participate in discussions and actively apply SMART's tools to their experiences during the meetings, they get a lot more out of the meetings. This is likely to lead to their continued attendance and successful behavior change. People actively involved in meetings also are actively learning.

**Encourage observational learning.** Participants learn from listening to and watching each other — and the facilitator — use SMART's tools and techniques.

**Recognize the resourcefulness of the group.** People share their experiences and the successes they've had with problems and issues. Facilitators encourage the group to come up with solutions rather than provide the solutions for the group.

## Your recovery

If you have benefited from the program and want to "pay it forward," we simply request you feel confident about your recovery before serving others. Part of the "self-management" of SMART allows you to determine when the timing is right for you.

For guidance about where you are in your recovery, you may want to talk with the SMART staff or long-time facilitators about taking on this role.

All facilitators running a meeting described as SMART Recovery or using SMART Recovery materials must complete either the online FAST (Facilitator and Support Team) Distance Training Program or the two-day face-to-face training program.

Facilitators are representatives of the SMART Recovery movement in local communities. The reputation and success of SMART Recovery depends on facilitators who:

- Complete the training program.
- Abide by the Code of Conduct.
- Register meetings with the Central Office.
- Facilitate meetings according to the SMART Recovery meeting outline.
- Ensure the Opening Statement is read at meetings in which newcomers are present.
- Share the meeting Ground Rules at every meeting in which newcomers are present.

When meeting facilitators cover these basic tasks, SMART Recovery remains a respected and effective mutual-support recovery program.

## Why become a facilitator?

Our facilitators are a vital part of a worldwide network of SMART volunteers. They see remarkable changes in many of the people who attend meetings. Although recovery is an individual's choice and responsibility, facilitators feel the satisfaction of helping to make a difference in the lives of participants.

While you can learn to facilitate SMART Recovery meetings in a relatively short period of time by completing the training, you can hone your skills and deepen your knowledge for years and decades if you choose.

After you complete the training, you may continue to learn from:

- Books relevant to SMART and facilitating. A reading list is available on the SMART Recovery website.
- Attend ongoing training and support meetings available to our volunteers.
- Share issues and questions over the SMARTCAL listserv.
- Contribute to the SMART blog.
- Attend SMART meetings to observe how other facilitators work.
- Meet with other SMART facilitators to share experiences and challenges. Get to know your Regional Coordinator.
- Visit other recovery meetings to build bridges and learn how other programs fit into the recovery picture.

Facilitating a SMART Recovery meeting can be a rewarding, fascinating, and absorbing journey. You may use many of the skills you'll learn in other areas of your life, including your workplace and at home. SMART facilitators often build on their experience running meetings to take on other leadership roles within the recovery community and beyond.

# Notes

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## Chapter 2: Code of Conduct for SMART Recovery Volunteers

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Although the following principles and behavioral guidelines for ethical conduct by SMART Recovery volunteers may seem obvious, we state them here to reflect without doubt what is expected.

We have deep and abiding trust in those who have done so much for SMART Recovery. We have put these principles and guidelines in writing so any reader can see the level of ethics and efficacy we expect and find in our volunteers.

### Principles of being a SMART Recovery volunteer

**Promote independence from addictive behavior:** We promote gaining independence from addictive behavior based on the principles and concepts of SMART Recovery.

**Serve as a community resource:** We make SMART Recovery available to our local neighborhoods, and serve as a resource for our communities.

**Respect the dignity and worth of the person:** We strive to treat each meeting participant with care and respect, mindful of individual differences, and cultural and ethnic diversity.

**Act with integrity:** We strive to act honestly and responsibly, and to conduct ourselves in a manner consistent with the goals and principles of SMART Recovery.

### Behavioral guidelines

**Honor our commitments:** In our capacity as facilitators, we are responsible for conducting meetings consistent with the principles and concepts of SMART Recovery. This includes striving to maintain focused discussions and to balance opportunities for individual participation with the needs of the group. We will endeavor to hold all meetings as scheduled. In other volunteer roles, we take our commitments seriously, understanding our roles are critical in the support of the overall functions of the SMART Recovery organization.

**Support participants' self-determination:** We respect and promote the right of participants to socially responsible self-determination and assist them in their efforts to identify and clarify their goals regarding addictive behavior within the context of SMART Recovery. Where a participant's goals are outside the scope of SMART Recovery, we encourage them to seek other assistance options.

**Pursue knowledge and competence:** All volunteers are expected to learn about the concepts of SMART Recovery. Facilitators apply these concepts in meetings and function as leaders within a peer-group, self-help setting to help foster a group process that encourages learning and development in gaining and maintaining independence from addictive behaviors.

**Support social diversity:** We strive to actively understand and respect issues of social diversity, including race, ethnicity, national origin, color, gender, sexual orientation, age, marital/relationship status, political belief, religion, and mental or physical ability.

**Protect confidentiality:** We respect and promote confidentiality and participants' right to privacy at all times, both in and out of meetings, including all verbal, written, and electronic communications. A volunteer should not solicit or disclose private information about a participant that is unrelated to the focus of SMART Recovery or that may put a participant at risk. If a participant appears to be at risk of imminent harm to self or others, a volunteer may contact the local crisis intervention agency, or the local police, medical, or mental health authority. If required by law, we may be required to report disclosures about child or elder abuse to local authorities.

**Avoid conflicts of interest:** Under no circumstances should we exploit a participant relationship or meeting to further personal, religious, political, or business interests. We should strive to be alert to and avoid conflicts of interest.

**Avoid engaging in harassment:** Under no circumstances should we engage in any form of verbal, emotional, or physical harassment. Under no circumstances should we exploit a participant relationship for sexual activity or engage in sexual harassment of participants, including sexual advances, sexual solicitations, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

**Work together:** We strive to work cooperatively with other members of the SMART Recovery organization. We strive to acknowledge the positive contributions of other programs aimed at gaining independence from addictive behavior.

**Provide accurate representation:** We make clear distinctions between statements made as a private individual and those made as a representative of SMART Recovery. We represent ourselves as knowledgeable only within the scope of our experience.

**Seek solutions:** In the event a volunteer has an ethical lapse or an addictive behavior relapse, appropriate members of the SMART Recovery organization will determine an appropriate course of action.

# Notes

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# Chapter 3: Starting your face-to-face meeting

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## Getting started in your new role

Unless you're taking over an existing meeting or are an online facilitator or volunteer, the first thing you'll need to do is create a new group. To do this you'll need to:

- Find a suitable location for your meetings
- Promote the meetings
- Register your meeting with SMART Recovery

This chapter covers the basics of how to set up, publicize and start your new meetings.

## *Starting a meeting*

- Find a suitable — preferably free — location
- Decide on a time and length:
  - Evening meetings are typically 90 minutes long
  - Daytime meetings usually run for 60 minutes
- Register the meeting with the Central Office using the Volunteer Registration Form provided to you after you complete the training
- Publicize the meeting
- Obtain basic meeting tools (flip charts, etc.)
- Handle meeting finances

## *Administrative tasks*

- Respond to all inquiries
- Obtain SMART Recovery meeting materials for participants (Handbooks and flyers, for example)
- Act as a liaison with local treatment provider services, social services, clinics, courts, etc.

## *Meeting prep and cleanup*

- Set up the meeting room: Arrange chairs and flipchart, and display SMART materials
- Meet and greet participants
- Display or hand out meeting Ground Rules
- Read or ask someone else to read the Opening Statement
- Tidy the meeting room after the meeting, dispose of used flipchart pages, collect unused materials, and secure room if needed



## ***Facilitating meetings***

Follow the meeting agenda, including:

- Initiate check-in
- Verify and set topics for the meeting agenda with the group
- Initiate and oversee the group discussion and work time
- Manage challenging participants (with the help of the group)
- Use the flipchart to highlight discussion points
- Ensure at least one SMART tool is used at each meeting
- Conclude the discussion with checkout, signing attendance verification documents and making announcements
- Collect donations

## **Find a location**

One of the key things to consider when choosing a meeting place is how convenient the space is to you, the facilitator. Convenience also is important when choosing the meeting time. Establishing and maintaining a meeting takes time, and is a relatively long-term commitment. With this in mind, the easier it is for you to get to the meeting, the easier it will be to stick with your commitment.

The ideal meeting location is:

- Convenient to you and participants (on a bus route, sufficient parking, bike stands, etc.)
- Free
- Available at the same time each week
- Handicap accessible, including restrooms
- Comfortable — clean, good climate control, adequate seating, nearby restrooms, quiet, private, etc.
- Large enough to accommodate about 20 people
- In a safe area
- Centrally located

For safety and privacy reasons, SMART recommends not holding meetings in homes.

## ***Start your search***

Contact local addiction treatment providers and facilities. They may be interested in setting up meetings that will benefit their clients. Treatment centers may include your meeting in lists of its sponsored activities, and encourage their clients to attend.

It also is worth finding out where AA meetings are held because it may be possible to book the same venue.

Other potential locations for open meetings include:

- Community centers
- Churches
- Libraries
- Hospitals
- Volunteer centers
- Senior centers
- Recovery Community Organizations

When you contact the person associated with a possible meeting location, consider sharing a statement similar to:

*I'm interested in facilitating a SMART Recovery meeting and I'm calling to find out if you have any meeting space available. SMART Recovery is a mutual-support group for individuals wanting to abstain from addictive behavior. It's an abstinence-oriented program and free for participants to attend.*

*I can provide you with information about SMART Recovery. When would be a convenient time for me to follow up?*

It may take time to arrange a meeting location, especially if the location's committee must approve the meeting. You can expect to make several phone calls and possibly several visits. If the outcome doesn't result in a meeting space, don't be discouraged; you've provided the community a greater awareness of SMART and of your meeting.

## Register your meeting

Once you have a location and time, register your meeting with the SMART Recovery Central Office. You cannot use the SMART Recovery name and materials until you complete this step.

It only takes a few minutes to register your meeting with the Central Office. Your meeting data will be entered into the volunteer database, and will appear on the website meeting list page. Include all of your meeting details on the Volunteer Registration Form.

Some meetings are closed to the public and open only to patients or clients of a facility. When registering your meeting with SMART, indicate whether the meeting is open or closed.

Other advantages of registering your meeting include:

- SMART Recovery carries liability insurance for registered meetings in the United States and Canada
- You'll get updates from the Central Office
- You also can tap into the large and growing community of facilitators around the world
- Your meeting becomes part of the worldwide SMART community

## **Publicize your meeting**

After you register your meeting, the next thing you'll need to do is start publicizing it.

The best form of promotion is word of mouth. If you run an effective meeting, you'll find it will grow and thrive without much effort. On the other hand, by relying only on word of mouth, you may miss people who simply never hear about it.

Publicity can be a never-ending effort, and it's easy to take on too much. To avoid this, work out a plan based on the ideas below, and do a little bit each week. After your meeting is established, consider asking a participant to help you with these tasks.

### ***Local treatment services***

Local treatment centers and services may be SMART Recovery partners and committed to the success of your meeting. Many have standard referral procedures for their clients, which means they would provide their clients with information about local SMART meetings. SMART encourages you to build relationships with volunteers and staff members of these centers and services.

If there are providers in your community who aren't familiar with SMART, they may still be important allies. Build relationships in this arena, too, as time allows. Provide flyers and ask if they will tell their clients about your meeting. If they resist, don't push too hard. Contact them again later and build a list of possible allies as you continue to foster relationships throughout the recovery community.

### ***Treatment professionals***

Addiction treatment professionals also might promote the meeting. Having SMART Recovery meetings thriving in the area can help them do their jobs better, so many professional will be willing to help.

Meeting with these professionals face-to-face will be more effective than calling or emailing them. What you have to share is important; you can explain how SMART Recovery will help people in recovery locally.

You also may ask them to:

- Add your meeting to their listings and publicity that direct people to help with addictions
- Mention SMART Recovery when they meet with other professionals and suggest it would be an ideal part of their care planning or after-care.
- Consider providing a small amount of “seed” funding to help get the meeting off the ground, and perhaps pay for some SMART Recovery Handbooks.

### ***Internet lists, classified ads, event calendars***

Craigslist is a great place to publicize your meeting. It's free and easy, and it reaches many people. You only need to update your posting the day before or the day of your meeting.

While fewer people read newspapers these days, local newspapers often provide free ads or calendar listings for local nonprofits. Usually, ads and calendar events that appear in printed editions also appear on the newspaper's website.

Social media is another option, but it takes work and upkeep. You can start a Facebook page, Twitter feed, etc. With changing technologies and trends, the possibilities are endless; however, social media must be updated frequently to remain “fresh.”

### ***Flyers and posters***

Create a flyer or poster with basic information about SMART Recovery (templates are available at [www.smartrecovery.org](http://www.smartrecovery.org)). Include the day, place, and time of the meeting.

Distribute them around your community where they will do the most good. Distributing flyers or putting up posters isn't a one-time task; you'll need to restock occasionally.

Some good places to put flyers and posters include:

- Doctors' offices
- Community centers
- Libraries
- Hospitals
- Private and non-profit treatment facilities
- Government offices, including courts
- Churches
- Colleges and universities

No matter where you distribute, always get permission to do so. Be courteous if your materials are rejected.

### ***Radio***

Make a list of radio stations you think meeting participants listen to. Radio stations, especially the smaller ones, are always looking for information about local events.

Visit their websites for information about how to submit stories or information.

### ***Letters to the editor***

When your local newspaper runs an article or op-ed piece about drugs or alcohol, you can write a letter to the editor or comment on their website. Keep the content of your letter or comment within the philosophy of SMART Recovery.

This is powerful, free publicity.

Tips for writing letters to the editor:

- Briefly comment on why you're writing and link it to SMART
- Follow the newspaper's "letters to the editor" guidelines
- Keep it short and to the point
- Don't use jargon
- Keep it conversational
- Avoid criticizing other programs
- Keep your message positive
- Mention meeting times and places (if it's a long list, refer readers to the SMART website instead)

## ***Media interviews***

The media is always looking for stories relevant to their audience and connected to current events. If you're asked to do an interview, the Central Office and listserv participants can offer advice on how to prepare for the interview. Your meeting can get a lot of free publicity through media interviews.

## ***'Pass the brochure'***

In addition to "passing the hat" at the end of each meeting, also ask participants to "pass the brochure." Ask each participant to take a brochure and give it to someone they think would benefit from the meeting, or to a professional who could share the meeting information with their clients. Include "pass the hat, pass the brochure" at every meeting.

## **Other methods**

Meeting participants can be effective ambassadors for SMART meetings because they probably know others who could be helped by SMART.

Giving information to people outside the meeting is a great way to spread the word. One way to do this is on Facebook. You can create a "closed group" and set the group parameters to be completely private so no one knows the group exists except the people you invite to join. You can post meeting times, schedule or location changes, information about SMART Recovery events, and other recovery information.

Email is another option. To maintain confidentiality, make sure to list addresses in the "BCC" field so you don't reveal participants' addresses to others.

## **Meeting size and frequency**

Expect to start with just a few attendees. If only one other person is present, consider talking about SMART Recovery instead of holding a meeting.

There is no fixed upper meeting size but 20 people is probably the most you want in a group. There isn't enough time in a large meeting to address all the issues that come up.

If your meeting routinely gets more than about 20 attendees, consider splitting it into two meetings, either in different rooms or on different days of the week. Enlist the help of attendees who enjoy the program and are stable in their recovery. Getting involved in the meetings as your helper can strengthen their commitment to recovery and may inspire them to become a trained facilitator so they can start a second meeting.

SMART Recovery meetings are held weekly. SMART discourages other frequencies because they create confusion; however, there might be several meetings per week at a particular venue. For example, there could be the “Wednesday meeting” and “Friday meeting”; each one is weekly and may have a different facilitator.

## Basic meeting tools

Before your first meeting, you should pick up these basic supplies:

- Flip charts — Post-it Note brand come with adhesive on the back so you don't need tape
- Masking tape
- Large, easy-to-read felt-tip markers — at least four colors
- Handbooks, handouts and brochures
- Cash log (see Finances)

After you hold a few meetings, you may find you need more tools like a portable easel or whiteboard. If so, you may pay for them with donations (see Finances, below).

## Finances

As facilitator, you're responsible for the meeting finances. You may ask a regular attendee to help you with this, but it's important you monitor the bookkeeping so you know the finances are in order and record keeping is transparent.

### *Simple ledger*

Transparent record keeping is important because it allows participants to see what money comes in and where it's spent. You can use the simple ledger in Figure 1 (see page X for a blank version you may copy), but any transparent approach is acceptable. Record each transaction separately.

- Create a table and write the opening balance in the IN column in row 1, if funds exist.
- If you spend money, write the amount under OUT.
- Write what the money was spent on in the PURPOSE column.
- When you receive money from passing the hat, selling publications, or as donations (row 3).
- The most recent balance entry must match the amount of money in the cash box. In this example, \$45.02.

**Figure 1. Sample Ledger**

DATE	IN	OUT	PURPOSE	SIGNED	BALANCE
9/1/2015	\$50		Opening balance		\$80
9/15/2015		\$25	Rent		\$55
9/22/2015	\$18		Pass the hat donations		\$73
10/30/2015		\$20	Donation to Central Office		\$53
11/4/2015		\$7.98	Copies of brochures		\$45.02

***Spreadsheets, ledger software***

If you or one of your participants uses spreadsheets, you can maintain your cash log that way. Excel has a cash log template you can use on your computer, or print it and take to the meeting. You can keep a signed copy in the cash box.

You also can use Quicken or similar software for bookkeeping.

***Receipts***

Along with money, keep an envelope for all recent receipts in the cashbox. Regularly check that the receipts have been recorded in your cash log. Every month, after you have confirmed expenditures have been recorded in the cash log, staple the month's receipts together and move them into another envelope. The IRS requires that tax records and receipts be kept for three years.

***Cash surplus***

When your meeting attendance and finances are stable, begin to share some of your local meeting donations with the Central Office to help with global outreach. We recommend you send a minimum of \$15 a month, but provide what your meeting can afford.

You can use the donation button on the website and include a note that it's a group donation. Or, you may mail a check. We'll send you a thank you note, which we hope you'll share with your group.

***Bank accounts***

Eventually, it may make sense to open a bank account for your meeting.

NOTE: When you open the account, you can't say your meeting is a registered nonprofit, but you can say it's affiliated with SMART Recovery, Federal Tax Identification number 52-1811500.

Depending on what state you're in, the bank may not open an account for your meeting until your meeting is registered with the state. Contact the Central Office for help.

## Summary

This chapter covered the basics of what you need to do as you start your adventure as a SMART meeting facilitator.

If you have questions, or experience frustrations and roadblocks, remember you have access to the Distance Training Team, Regional Coordinators, the Central Office staff, and many long-time SMART facilitators who can offer guidance, provide support, and act as sounding boards. Help is just a webpage, online meeting, email or phone call away.

In the next chapters, Running the Meeting and Facilitation Skills, we'll discuss the art and science of facilitating meetings.



# Notes

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## Chapter 4: Running the meeting

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In Chapter 3, you learned the basics of starting a new meeting. In this chapter, we'll cover the basics about running your new meeting, including:

- Preparing for each meeting
- Setting meeting Ground Rules
- Creating a meeting structure
- Setting an agenda
- What to do if you can't be at a meeting
- Socializing with participants

### Meeting preparation

Prepare your materials in advance to ensure you have everything you need for the meeting. Give yourself enough time to gather up any items you may need to get at the store or to make copies.

You should have:

- Flipchart, easel or stand, markers, paper, pens
- Copies of the SMART General Information Flyer
- Copies of SMART Ground Rules
- Copies of a SMART tool or exercise, from the Handbook or website, for attendees to do during the meeting or at home
- Copies of the SMART Handbook to sell
- A hat or envelope for “pass the hat” donations
- Copies of SMART brochures and flyers for promoting SMART Recovery in your area

Arrive at least 15 minutes before your meeting starts to open and prepare the room. Arrange chairs in a circle, set up the flipchart, organize your meeting materials, put up directional signs, adjust room temperature, etc.

### SMART Recovery Ground Rules

1. Allow others to make their own decisions but be responsible for your own behavior and decisions. We regard the use of alcohol, other drugs or other potentially harmful behaviors as a personal matter. You are welcome to attend regardless of whether you are currently using or not. If your behavior is disruptive for any reason, it will be pointed out, and you may be asked to leave if it continues; however, no one will try to shame you or pressure you into quitting.

2. All participants agree to confidentiality. So that everyone can feel safe to work on their issues, it is not permissible to tell anyone outside the group about who attended or what was said that might in any way identify any individual. Do not identify people as meeting attendees if you meet them outside the group. You may, of course, discuss the tools and techniques that you learn at meetings and how you are using them to promote your own recovery. Violation of confidentiality is grounds for being barred from meetings.

Socializing between group members is seen as a private matter between the individuals. However, no reason exists for attendees to unnecessarily expose themselves to possible harm by sharing private information. The group will not provide a list of names, phone numbers, email addresses, or any other personal information to members.

3. Participate actively, if you like. Try not to hold side conversations, and stay focused on the group. Feel free to ask questions and to share ideas that have helped you or to just listen and observe. You stand to benefit more from participating actively. Be sure to give others time to participate, too. We encourage “cross talk” but discourage drunk-a-logues as well as participants giving an extended presentation about SMART Recovery® that may be suitable for a lecture but is too long for a meeting.
4. Show respect for all by not labeling others or using offensive language or behavior. Threats, intimidation, violent behavior, and possession of weapons are all grounds for being barred from meetings.
5. Our focus is on how to abstain. If you have a goal other than total life-long abstinence, that is your choice, but the groups’ focus remains on abstinence. Hopefully, what you learn will still be of help to you no matter what your chosen goal.
6. Participants benefit most by taking primary responsibility for their own recovery. No sponsorship or buddy system exists in SMART Recovery® (though these can be found in other groups). In our opinion, practicing what you learn at meetings on a daily basis and following through on self-imposed assignments best supports recovery.
7. Stay focused on business—gaining independence from harmful behaviors. We join together to work on ways to abstain from harmful addictive behaviors. Try to keep meetings friendly and full of fun, but focused on recovery.
8. Stay focused on (and use) the SMART Recovery® program. The SMART Recovery 4-Point Program® has been developed by professionals based on the best research available and reviewed by an international panel of experts. While you are welcome to explore other paths and discuss alternative treatments at meetings, meetings are not a place to promote or sell treatments, recruit clients, etc. nor a place to bash other groups, treatments or programs.
9. Relapse is seen as a chance for practicing your new skills, not something to be ashamed about. Instead of downing yourself or using your relapse as an excuse to give up, use it to observe how you got yourself to relapse, what the triggers were and what thoughts led you to use against your better judgment. Write down an ABC analysis and bring it to the next meeting for discussion.
10. If you think someone has a life threatening problem, like severe depression, suicidal thoughts, incoherence, or is “flipping-out,” strongly recommend that the person call their doctor or mental health professional and contact the group’s Volunteer Advisor immediately.

You can find a one-page version of the ground rules in the Appendix to use as a handout.

Although attendance is free, please help by making a donation or volunteering to help. Ask the Facilitator for ideas on how you can help the group as a volunteer, such as:

- Donate money to help defray direct costs like materials, etc.
- Volunteer to help with opening and closing the room, managing materials, etc.
- Consider becoming the facilitator or co-facilitator for the group.
- Help to promote SMART Recovery®
- Spread the health!
- Tell your friends, counselor, minister, doctor, neighbors, etc. about SMART Recovery®
- Put up posters, give speeches, talk to the media.
- Help explain and demonstrate the methods to new members.
- Replace yourself before you leave the group.

Many of the ideas you hear may not make much sense at first. Plan to attend at least five meetings before you make up your mind about whether this approach will help you. Dependency on the group is discouraged and self-reliance encouraged. However, self-management and recovery skills usually require practice and effort over a period of weeks to months, so plan to attend regularly for several months, then perhaps irregularly for up to a year or more. Discuss your progress and any plans to leave the group at meetings. It can also be helpful to have periodic “booster” sessions from time to time after you have recovered to keep up your self-management and recovery skills.

## Meeting structure

SMART meetings are consistent in that they follow a standard agenda. This structure is in place because it works well. It’s a framework on which to build your meetings.

Be sure to complete each stage of the meeting.

**Figure 2. Meeting Structure**

AGENDA ITEM	LENGTH IN MINUTES
Pre-meeting (optional)	15 – 30
1. Welcome and Opening Statement	5
2. Check-in	5 – 20
3. Setting the agenda	5
4. Group discussion	45 – 60
5. Check-out	5 – 15
6. Pass the hat/pass the brochure	2 – 5
7. Closing comments	1 – 2
Post-meeting (optional)	As time allows

As facilitator, it’s your job to watch the time. You may ask a participant be the timekeeper. Time is an important part of the meeting structure. Just as starting your meeting consistently

on time creates punctual attendees; ending your meeting on time shows you respect others' time and the meeting process.

### ***Taking breaks***

Breaks interrupt the flow of the meeting and encourage side conversations. A better option may be to get everyone to stand up, stretch, and take a few deep breaths halfway through the meeting.

### ***Pre-meeting***

Some groups benefit from an informal “pre-meeting.” You may use it to introduce the SMART Recovery 4-Point Program to newcomers, answer questions, or to allow participants to socialize and get settled.

This unstructured time fosters connections among attendees, encourages more participation during the actual meeting, and helps set a friendly tone. It can be especially reassuring to new or quieter participants, and can sometimes make the difference in new participants coming back or not.

The pre-meeting also can be used to explain:

- Stages of Change
- Meeting Guidelines
- Tools and exercises, especially the more complex ones such as the ABC

### ***Welcome and Opening Statement***

It's important to create a warm and welcoming atmosphere. Greeting each attendee is a crucial part of this, especially for newcomers. Make a point to seek them out, introduce yourself and explain your role. Give them a copy of the General Information Flyer and the Meeting Ground Rules, and explain what each handout is.

In addition to providing basic information about SMART Recovery and the meeting, it will give new participants something to look at during the meeting.

*Hi, are you here for our SMART Recovery meeting? I am \_\_\_\_\_ (your name) and I will be facilitating the meeting. Have you been to a SMART meeting before? [If not...] Here is some basic information for you. This page has an overview of the SMART Recovery program and this one has our meeting guidelines. Please let me know if you have any questions.*

Be punctual. If you routinely start the meeting on time, attendees will routinely show up on time. Let latecomers know what stage the meeting is in:

*We are just checking- in; we are just beginning our discussion and we are looking at the issue of \_\_\_\_\_*

After you greet everyone and people settle into their chairs, read the Opening Statement aloud, or ask a participant to read it. This will help strengthen individual commitment and reinforce the concept of mutual aid.

The Opening Statement explains SMART Recovery and how the meeting will proceed. Read it even if there are no new members. The Opening Statement is an important part of every SMART meeting; it provides uniformity throughout all meetings.

*Hello, my name is \_\_\_\_\_. Welcome to this meeting of SMART Recovery.*

*SMART stands for “Self-Management And Recovery Training.” This is a mutual support meeting where, through open and confidential discussion, we help each other and ourselves with recovery from any type of addictive behavior.*

*We view addictive behavior as our own responsibility and the result of choices we have made. If we have chosen to maintain an addictive behavior, it is possible we can also choose to stop it. We discourage the use of labels such as alcoholic and addict in our meetings.*

*Our approach uses self-empowering skills to help you build and maintain motivation; cope with urges; manage thoughts, feelings and behaviors; and live a balanced life.*

*Our meetings are 90-minutes long and consist of check-in, agenda setting, discussion, checkout, and passing the hat for donations. There is no fee for our meetings, but any donation is appreciated.*

*If this is your first meeting, you are welcome to join in the discussion or just listen if you prefer.*

Many facilitators develop a personalized version of the Opening Statement. If you do, please check the standard statement periodically to ensure your version covers all the key points.

While we recommend you hand out a copy of the Meeting Ground Rules to all new participants, you may want to occasionally read them aloud after the Opening Statement.

## **Check-in**

So, let’s check in. This is an opportunity for you to let us know a little more about why you are at this meeting and how you have been over the last week. You could mention if you have had any particular challenges, but also any successes or achievements.

The check-in serves as an “ice-breaker”; it enables each participant to contribute and to hear what others bring to the room. It also helps you identify topics for the group discussion portion of the meeting.

One at a time, each participant will talk for a couple of minutes about why they are at the meeting and how they have been since the last meeting. During check-in, participants may talk about the problems they see as putting them at risk for a relapse. It’s helpful to ensure that check-ins are relevant to addictive behavior.

Although the check-in is mostly a space for participants to talk, you may ask a participant a follow-up question. This may encourage quiet participants to go into more depth and it will give you more information to help with agenda setting.

The check-in should not run more than 20 minutes. Hold big problems or complicated issues for the group discussion. Here are other points to consider:

- When it comes their turn to check in, newcomers may say they would like to pass and just observe.
- Avoid engaging too much with someone who is checking in.
- Some people may start to vent. That's OK if it's on topic and it's short. With experience, you'll get a feel of how much time to allow.

If a person's check-in doesn't relate to their addictive behaviors, or if the participant is taking too much time, you may wait until they pause and then help them clarify their check-in:

*I understand how that might be a difficult situation for you. Is there something specific with relation to addictive behavior you would like the group to look at in the group discussion?*

When they offer a response, thank them then look directly at the next participant and invite them to check in. This nonverbal cue will keep the check-in moving.

## **Creating the agenda**

Agenda setting is important for many reasons because it:

- Helps to structure the meeting;
- Establishes your role;
- Sets the focus on the issue of addictive behavior; and
- Signals that the main discussion is about to begin.

You'll help the participants prioritize topics with the goal of narrowing down to two or three. Frame the discussion in such a way to include the use of one or two SMART tools or strategies.

To help set the agenda, you will:

- Write down issues or themes that surface during check-in.
- Get permission from the participants who voiced the issue to put it to the group for discussion, and confirm you understand the issue.
- Write each issue on the flip chart, using as many of the participant's words as possible.
- Prioritize the issues if there is more than one. Divide the discussion by issues to allow enough time for each one.
- Check with the group for consensus about the topics, prioritization, and time allotted for each.
- If no issues or themes emerge during check-in, ask attendees if there are issues they want to discuss.
- If there are no suggestions, use a handout or ask a question from "The Dreaded Dead Zone."

During agenda setting, think about which SMART tool through which you can guide the group.

For example, if, during check-in, someone says they're dealing with an urge, you can use this to introduce SMART tools or strategies for managing urges during the discussion. During the discussion, you might help the participant work through the thinking associated with the urge by doing an ABC exercise on flipchart.

**Planning with the 4-Point Program.** The 4-Point Program can help identify topics to broaden the discussion. Using the same example of a participant struggling with an urge, the discussion could:

- Be about scheduling healthy activities to distract from the urge, as covered in Point 4: Living a Balanced Life
- Include Point 1: Building and Maintaining Motivation, by considering the past, present, and future
- Focus on Point 3: Managing Thoughts, Feelings, and Behaviors, by going through an ABC to break down irrational thinking and distressing emotions associated with urges

### **Group discussion**

After you guide the group through creating the agenda, start the discussion by asking an open-ended question (continuing with the urge example):

*Let's look at urges. What experience or success have any of you had using a SMART tool or technique to deal with urges?*

After you ask the question, remain quiet to allow the conversation to open up. It may feel like an eternity, but wait 15 seconds or so. Some people take longer to respond than others. If you jump in too soon, you'll rob those slower responders of contributing. If no one speaks up, ask:

*What tool or approach do you think might help a person deal with urges?*

If you still don't get a response, you can choose an appropriate tool or technique, focus on a participant's single thought on the issue, or use one of the four points of the SMART program to open up the discussion.

During the discussion, encourage all participants to contribute. This means encouraging quieter members to participate and discouraging over-vocal members from dominating. For quieter members, simple inclusive questions such as, "Mary, have you ever had an experience like that?" or "John, what do you think might be helpful in this kind of situation?" can draw the participant into the discussion. Don't press too hard, though, on anyone who is hesitant, especially if they are relatively new.

**Flipcharts.** You'll probably use your flipchart throughout the meeting. Using a flipchart helps participants:

- Remember the agenda
- Reflect on and understand important points
- Participate in the discussion
- Watch how to use tools



Make sure your markers are thick enough so everyone can see what you're writing. When you're done writing on a page, tape it to the wall so everyone can see it for the rest of the meeting. This allows participants to refer back to the information.

When introducing a new tool, explain why it's useful and touch on some key ideas about it; however, as soon as you can, apply the tool to a discussion issue in a way that involves the group. For example, if you're doing a CBA, participants can provide a lot of insight into the costs and benefits of changing. Sharing ideas in a group discussion gets participants working their CBAs instead of passively listening to the facilitator. This way, you "teach" the CBA and avoid over-facilitating.

While it's helpful to work through at least one tool in each meeting, avoid just sticking to a few favorites. You'll help more participants if your meetings use a broad spectrum of tools. What works for you may not work for someone else. The more tools you have in your toolbox, the more tools participants have in theirs.

## ***Check-out***

The checkout ends the discussion part of the meeting. As you did during check-in, encourage each participant to talk briefly. During checkout, participants may:

- Ask questions about tools used during the meeting
- Share appreciation for the meeting and express gratitude for the help
- Describe their plans for the week, such as what tools they intend to use and the tasks they have set for themselves
- Calm down and finish on a constructive note even if the discussion covered difficult issues

Invite the person sitting next to you to start the checkout so that you go last. This is when to "pass the hat, pass the brochure," and make your closing comments.

## ***Pass the hat, pass the brochure***

You may feel uncomfortable about asking for donations; that's natural. It may help to remember you're not asking for money for yourself; you're asking for money on behalf of SMART Recovery to help it grow.

You'll discover most participants are happy to give something. Participants often see a monetary contribution as an appropriate expression of thanks for what they received from the meeting. It's a modest investment in their recovery program.

Bring a hat, envelope, or other container to pass around. Put in a few dollars to "prime the pump" and to provide change for larger bills.

As you pass the hat, make sure you:

- Give attendees the choice to donate or not
- Explain what the money is used for
- Express gratitude for their donations
- Encourage them to take and pass on a brochure

Pass the brochure is a powerful way of promoting SMART Recovery to potential participants and to addiction treatment professionals. Have copies available at every meeting. Most participants will take one or two to pass along.

### **Closing comments**

After pass the hat, thank the participants for attending, and remind them of the next meeting date and time. Let them know where other meetings are and invite them to explore SMART's website.

Occasionally, a call for volunteers is appropriate:

*In order to expand our network of meetings, we are always looking for volunteers to become facilitators. If you think this is something you would like to get involved in then please speak to me after the meeting so we can discuss how I can help you with this process.*

Also, Family & Friends meetings can be promoted if available:

*If you have a family member or someone close to you that may benefit from our Family & Friends program, there is a meeting at (location) every (date and time) and also online meetings at [www.smartrecovery.org](http://www.smartrecovery.org)*

### **Post-meeting**

If the room is available for post meeting time, make it clear the SMART Recovery meeting is over but invite participants to stay if they have questions, need court cards or attendance letters signed, want home study tasks, or just want to talk to other participants. Some participants might even go for coffee.

Remember to tidy the room, sort the chairs, erase the board, clear the flipchart, and dispose of the used flipchart sheets. Also, collect unused materials and don't forget the donations container.

## **Other important considerations**

### **Home "work"**

Working on tools outside the meeting is an important way for participants to manage their recovery. Working through tools and strategies in a meeting is important to show participants how to do it; however, in the meeting, these are group exercises rather than individual experiences. Encourage participants to do the exercise at home. If they have done them before, encourage them to do them again, especially if it's been a while as the results may be different.

At the next meeting, you can ask if anyone worked a tool and encourage them to talk about it or ask questions.

**Facilitator absence**

If you're going to be unavoidably detained and will miss a meeting or be late, participants may run it if they're prepared.

Provide regular attendees with copies of the meeting agenda, Opening Statement, pass the hat, and closing statement so they can run the meeting in your absence.

Occasionally ask the group what they would do in your absence, then discuss how they should proceed if that were to happen.

**Socializing with meeting participants**

The Meeting Ground Rules states, "Socializing between members is seen as a private matter between individuals." The SMART Recovery Board of Directors adopted a more comprehensive policy on socializing:

For many people, an important part of a successful recovery program is building or rebuilding healthy social networks. Meeting other like-minded, supportive participants and volunteers through SMART Recovery can be an additional benefit from the program. SMART seeks to provide comfortable social environments at our meetings and online community.

We encourage you to build relationships with other people, including those you meet through SMART. Please remember that SMART is not responsible for the environment outside of its meetings and online activities.

## Notes

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## Chapter 5: Facilitation skills

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Chapter 4 discussed the basics for running a meeting. This chapter explores the communication skills it takes to be a successful facilitator. As we mentioned in Chapter 1, you probably use these every day and just don't realize it.

### Core facilitation skills

#### **Active listening**

Of all the skills facilitators need, this one is the most important. Active listening ensures the message you receive is the same message the speaker sends; it's a combination of listening to understand (rather than to respond) then summarizing what you think the speaker said. This lets the speaker know they have been heard and understood, which leads to a more meaningful discussion.

It's really very simple: After listening to the speaker you summarize what you heard: *"What I hear you saying is ... is that right?"*

This reflective response allows speakers to adjust or amplify what they said, and it reassures the speaker that you, the listener, is not only hearing them but also understanding them.

#### **Assertiveness**

You will probably encounter meeting attendees who are outspoken and extroverted. These kinds of participants can be very helpful moving a conversation forward. Sometimes, though, they can take over a conversation, shutting out introverts or new participants. When this happens, you'll need to politely assert yourself to control over-vocal members and discourage venting or long-winded war stories.

#### **Humor**

While the participants' issues and problems are serious and challenging, an appropriate use of humor will help create a more relaxed atmosphere and encourage open participation.

#### **Flexibility**

Each participant will be at a different stage of recovery, and their issues and priorities will be different from other participants, too. Your role is to balance the needs and interests of all participants, so that urgent needs are met and everyone benefits from the meeting.

When many topics are presented at check-in, you may need to prioritize to cover immediate needs and hold other issues for subsequent meetings.

#### **Acceptance**

Acceptance, as a key element in SMART Recovery, can be seen as a thread running through many of the tools and methods we use in meetings. Exercises such as urge surfing and the ABCs

rest on the idea of accepting the world as we find it, rather than making irrational demands that it be different.

The principles of unconditional self-acceptance (USA), unconditional other acceptance (UOA), and unconditional life acceptance (ULA) help participants apply acceptance to different areas of their lives.

Many participants see the facilitator as a role model. When you model acceptance, you help others understand and observe this important principle. Here are some ways you can model acceptance:

- Be open about your mistakes but avoid self-recrimination. This shows you're realistic about your fallibility.
- Handle the mistakes or disruptions of participants without condemning them or demanding they be different. This demonstrates you can accept others as imperfect and still respect them.

### ***Guiding the discussion***

Once the discussion has begun and you introduce a topic from the agenda, try to become more of a guide rather than the leader; however, in your early meetings, or if there are a lot of new participants, you may need to be more proactive to move the conversation along.

Below are some ways you can guide the conversation without assuming the role of discussion leader.

### ***Open-ended questions***

One way to encourage discussion is to ask open-ended questions – ones that cannot be answered with a yes or no. Open-ended questions encourage thoughtful answers and richer dialogue.

An example of a closed question:

*Has anyone ever had a craving when walking past a bar?*

Although there might be longer answers, the likely response is either yes or no. An open-ended alternative might be something like:

*What are the situations that trigger cravings for you?*

When presenting a question to the group, ask the question then remain silent to allow participants time to consider their views.

### ***Introducing the tools***

An important part of your role is to introduce and explain SMART Recovery tools. Because the best way for participants to learn the tools is by using them, the best way to introduce tools is to use the ones that relate to the issues on the agenda.

Working through a SMART tool as a group helps participants understand how to use them on their own. Try to work through at least one tool at every meeting. Plan to work through the range of SMART tools in a reasonable number of meetings.

Most meetings will include participants with a range of SMART Recovery experience — from “newbies” to those with months or years of participation. Ask experienced participants to share the benefits and challenges they found with whatever tool you’re introducing.

You can use the pre-meeting time to explain and discuss tools; however, if you think you may be introducing a tool a person has questions about in the pre-meeting, wait until the meeting to work through the tool.

## ***Using silence***

Many new facilitators feel the need to fill silences and may think the meeting has not gone well if they have not talked a lot. In fact, meetings are more productive when a facilitator doesn’t try to fill every silence.

You’ll introduce the different sections of the meeting and keep the flow moving along, but if you notice the meeting relies on you too much and you seem to be doing all the work, you may be talking too much.

Periods of silence — one or two minutes — is OK, even though it may seem awkward. People can take this time to consider points of the discussion and think about how these relate to their recovery.

If the group discussion gets tense or argumentative, suggesting a short silence can defuse anxiety and help the meeting return to a more constructive conversation.

“Shutting up” is one of the most powerful choices you can make as a facilitator. Silence serves to encourage thoughtfulness and reflection, may restore calm, and will encourage wider participation in the meeting.

**Extended pauses.** Sometimes, nobody has any other comments to make and the silence goes beyond one or two minutes. You may find this uncomfortable, but these extended pauses are normal.

Use these pauses to come up with open-ended questions to stimulate further discussion. For example:

*What could we do to help handle this trigger, thought, feeling, urge?*

*If you’ve dealt with this, how did you turn it around?*

*What sort of things could you think or do instead?*

*What could you do to avoid this unwanted emotion or behavior?*

If asking these questions still doesn’t kick-start the discussion, it’s probably time to move the meeting to the next discussion item. If there aren’t any, check with the participants to see if there are any other issues, tools, or techniques they would like to discuss.

As a last resort, see the “The Dreaded Dead Zone” emergency topics, and put another question to the group. Then be quiet and let the meeting proceed.

### ***Avoiding the expert trap***

Facilitators don’t need to be subject-matter experts. If you follow the meeting outline, keep the discussion productive and relevant, introduce tools, and stick to the topic of addictive behavior, a productive meeting usually results.

Whatever your background or experience, it’s best to use language such as “we” and “I” instead of “you.” Participants should consider you a part of the group rather than a professional as they may come to see you as the group leader.

### ***Keeping back stories relevant***

Participants’ self-disclosure during meetings helps build trust and creates a sense of belonging; however, dramatic and lengthy “venting” doesn’t help a person’s recovery. It also undermines meeting dynamics.

Talking a problem or mistake around and around doesn’t solve it, nor does it help the participant do something different in the future. What does make a difference is to help the participant change the way they *think* and *feel* about the situation.

Each participant brings something painful to meetings. Sharing this with others is an act of courage. The group should acknowledge this then discuss ways to help the participant learn from the issue and act differently in the future.

### ***Avoiding listening roadblocks***

As mentioned early in this chapter, listening is one of the most important skills you have as a facilitator.

Many things can get in the way of active listening: personal prejudices, jumping to solve the problem, inappropriate humor, etc. In addition to asking reflective questions (*What I hear you saying is*), avoid<sup>1</sup>:

- Giving advice, making suggestions, or providing solutions
- Trying to persuade with logic, arguing, or lecturing
- Moralizing or preaching
- Disagreeing, judging, criticizing, or blaming
- Shaming, ridiculing, or labeling
- Interpreting or analyzing
- Reassuring, sympathizing, or consoling
- Questioning or probing
- Withdrawing, distracting, or humoring

<sup>1</sup> Based on Roadblocks to Listening by Thomas Gordon, Ph.D.



## Group dynamics

The culture or dynamics of a group can change with every meeting, especially at first. As the facilitator, you can help to create healthy dynamics and interactions to keep the meetings productive and helpful. Be careful not to become the group leader because that can adversely affect the meeting outcomes and group interactions.

### ***How to promote group interaction***

Participants often will direct their comments and ideas to the facilitator rather than to the group. This is normal, especially with new participants. Try to prevent this from becoming a habit. One way to do this is to encourage group discussion:

- Use questions that invite interaction such as, *“Why don’t you try that idea out on Bob?”*
- Redirect comments to the entire group, so rather than answer, bounce it back with, *“What does anyone else think?”*
- Remind participants the value of group meetings comes from what participants learn from each other.
- Ask others to present the Opening Statement and tools.
- Refuse to talk and remain silent.
- Ask open-ended questions.
- Avoid teaching the tools through lecture. Instead, introduce key ideas then focus on working through an example, drawing from the participants’ experiences

### ***Patterns of interaction***

Because meetings involve open discussion or “cross-talk,” every sort of interaction among participants is possible. A simple way to understand what’s happening in the room is to notice the patterns of interaction.

There are many patterns but the four main patterns are:

- 1.** Cross-talk — the most functional pattern for SMART meetings
- 2.** Star
- 3.** Subgroup
- 4.** Black sheep

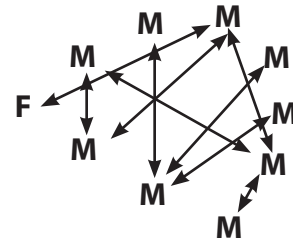
Feelings, relationships, problem solving, and responsibility are influenced by the dominant pattern of interaction. By coordinating the discussion, you can influence the outcome of the meeting by managing group interaction.

**Cross-talk.** Diagram 1 illustrates the optimal pattern of successful cross-talk interaction.

All the participants are connected to each other, giving them many opportunities to develop relationships.

The job of the facilitator is to guide the discussion so it doesn't stray off topic. You can do this by reminding people of the topic they agreed to or by directing the conversation back to the participant who initially raised the issue.

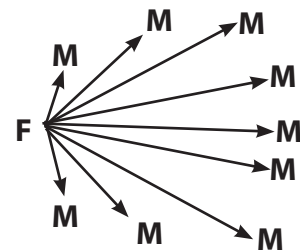
Diagram 1: Crosstalk



**Star pattern: Facilitator at the center.** This is a case of over-facilitating (Diagram 2). It happens when a facilitator is eager to help and is more focused on the topic substance than on managing the discussion.

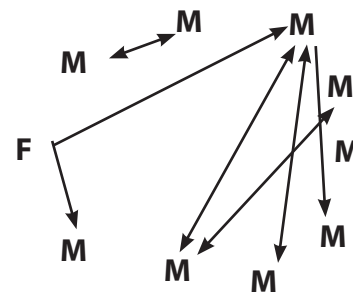
In the star pattern, you are perceived as being the group leader because all communication passes through you. In this configuration, participants won't build relationships nor will they take initiative if you do all the talking. The meeting becomes, in effect, one-on-one therapy.

Diagram 2: Star Pattern



**Subgroup.** Diagram 3 shows how a subgroup can start an intense and exclusive discussion. Such exchanges can be valuable as they help with problem solving and can strengthen the bonds among participants; however, the other participants may feel excluded or that they have no right to speak up or change the subject.

Diagram 3: Subgroup



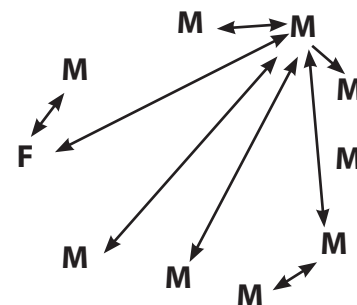
You may need to intervene if such a discussion goes too long or if there are signs of impatience among others. Rather than break up the subgroup, you may be able to involve the other participants, by asking a question of a silent member, such as:

*Bob, I remember you had a similar experience once. Do you have anything to share with Mary?*

**Black sheep.** Sometimes, one participant will stray off and take the group with them, becoming an informal leader (Diagram 4). They may give or ask advice, or query other people.

The interaction pattern is similar to the star pattern, except that an "M," not the "F," becomes the focus. This can encourage participant initiative, as long as the leading participant doesn't dominate, compete with the facilitator, or shut out other participant contributions.

Diagram 4: Black Sheep



When this happens, the other participants are just as passive as they are when the facilitator acts as the “star.” Forceful intervention may be needed here, especially if the self-appointed leader is an aggressive or dominating personality.

To guide the interaction off this star pattern, offer positive observation as you turn the meeting away from focusing on a star:

*You’ve gotten us off to a great start here, Kathy, but I do want to balance the time for other people.*

Reminding participants about the issues listed on the agenda can help redirect the focus of attention.

## Motivational Interviewing

Motivational Interviewing is a non-confrontational approach to help people change behaviors.

At SMART, we use some techniques of motivational interviewing during meetings to:

- Help participants recognize their high-risk behavior.
- Enable individuals to evaluate how problematic their current behavior is for them in relation to other issues in their life.

### ***The ‘OARS’ of Motivational Interviewing***

Motivational interviewing works by:

- Identifying the discrepancy between where a person is now and where they want to be.
- Helping a person acknowledge and resolve their ambivalence or conflict in making the necessary changes to reach their goals.

This is achieved with four basic skills that can be remembered with the acronym OARS:

- 1. Open-ended questions**
- 2. Affirmations**
- 3. Reflective listening**
- 4. Summary statements**

**1. Open-ended questions.** Asking open-ended questions helps individuals investigate and explore their thinking, and moves you away from giving or offering advice.

Open-ended questions can’t be answered with a yes or no. They encourage participants to do most of the talking. The goal is to help a person identify where they are now and where they want to be. People tend to believe what they hear themselves say; you can help elicit these self-motivating statements with well-chosen open-ended questions.

Examples:

- *Who is the most important person in your life and why?*
- *How does being on probation affect your home or work life?*
- *How will getting off probation affect your home or work life?*
- *What are the five most important things in your life?*
- *How can we help you with \_\_\_\_?*
- *What was the best five minutes of your day? What was the worst five minutes?*
- *How would you like things to be different?*
- *What are the good things about your addictive behaviors? What are the things you like least about them?*
- *When would you be most likely to \_\_\_\_?*
- *Where would you be most likely to \_\_\_\_?*
- *What do you think you will lose if you give up \_\_\_\_?*
- *What have you tried before to make a change?*
- *Who are those in your life that will support your changing this behavior?*
- *What do you want to do next?*
- *How does \_\_\_\_\_ affect your family?*
- *What do you know about the risks of doing \_\_\_\_\_?*

**2. Affirmations.** Affirming statements help an individual acknowledge their positive behaviors and strengths, which then builds confidence in their ability to change. Use affirming statements to recognize difficulties and support strengths, and to let a person know their concerns and issues are valid. Affirmations convey respect, understanding, and support, and must be genuine and appropriate.

Examples:

- *I appreciate that you're willing to share that with us.*
- *You're clearly a resourceful person.*
- *You handled yourself really well in that situation.*
- *That's a good suggestion.*
- *Congratulations on the successful completion of \_\_\_\_\_.*
- *If I were in your shoes, I don't know if I could have managed nearly so well.*
- *I've really enjoyed this discussion today.*
- *You're very courageous to be so open about this.*
- *You've accomplished a lot in a short time.*
- *You've tried very hard to quit.*

**3. Reflective listening.** You can paraphrase an individual's comments by repeating back what you think you heard them say. This lets the participant know that you heard them. In addition, the individual hears again what they said, which will help them understand their thoughts better.

Examples:

- *So, you feel...*
- *It sounds like you...*
- *You're wondering if...*
- *So, what I hear you saying is...*
- *This is what I am hearing; please correct me if I am wrong...*

**4. Summary statements.** Summary statements pull together everything that was said, allowing for the transition to the next topic. In addition to making a statement, you might ask what the individual learned from the discussions. This is similar to reflective listening.

Examples:

- *Here's what I've heard. Tell me if I've missed anything...*
- *What you've said is important.*
- *I value what you say.*
- *Did I hear you correctly?*
- *We covered that well. Now let's talk about...*

OARS emphasizes personal choice and control. If you tell someone what to do, it's likely they'll perceive it as being confrontational, which will probably evoke resistance.

### ***The 'DEARS' of Motivational Interviewing***

Motivational interviewing is made up of five techniques, which you can remember with the acronym DEARS:

- 1. Develop discrepancy**
- 2. Express empathy**
- 3. Amplify ambivalence**
- 4. Roll with resistance**
- 5. Support self-efficacy**

**1. Develop discrepancy.** This helps an individual recognize the gap between where they are and where they want to be. When the individual sees that their current behavior is not leading them toward their goals, they may become more motivated and open to change. The goal is to close the discrepancy gap by changing their behavior.

Examples:

- *Tell us some good things and not so good things about your behavior.*
- *How do you think your life would be different if you weren't drinking?*
- *What do you see your life to be like if you don't make changes and continue to use?*
- *How does your \_\_\_\_\_ fit in with your goals?*
- *What do you feel you need to change to obtain your goals?*
- *How will things be for you a year from now if you continue to \_\_\_\_\_?*
- *Hypothetically, if you were to make a change in any area of your life, what would it be?*

**2. Express empathy.** This is one of the most important elements of motivational interviewing. SMART Recovery facilitators listen to get an idea of a participant's concerns and their reasons for behaving as they do. Facilitators try to put themselves in the participant's place, viewing the world through their eyes, thinking as they think, feeling as they feel, and experiencing their world as the participant does. To express empathy effectively, you must be able to look at things from another person's perspective.

When people feel understood, they're more likely to be open and share their experiences. The more an individual is willing to share their experiences, the better you'll be able to determine their needs for information and support. Empathic listening is *essential* to minimizing resistance. Your ability to demonstrate empathy — to understand and feel what another person is experiencing — has a major impact on their willingness and ability to change.

Examples:

- *I understand how difficult this is.*
- *Yes, making changes is hard work.*
- *I think I know where you're at with this.*
- *That must have been hard on you.*

**3. Amplify ambivalence.** Ambivalence to change is normal; however, it can become paralyzing, causing some people to remain stuck. Facilitators can help a person acknowledge their ambivalence by exploring the uncertainty, which can help them work through it. If a person remains ambivalent, they are less likely to establish long-lasting behavior changes.

Examples:

- *How has your behavior been a problem to you? How has it been a problem for others?*
- *What was your life like before you started having problems with your addictive behavior?*
- *If you keep heading down the road you're on, what do you see happening?*

**4. Roll with resistance.** Like ambivalence, resistance is a normal behavior that should be expected when people are trying to change. Arguing with a participant or creating a power struggle by threatening or trying to assert control will only make matters worse.

Instead, seek to clarify and understand. By encouraging a person to come up with solutions to their issues — as *they* define them — you invite them to examine new perspectives without badgering, lecturing, or imposing new ways of thinking on them. Emphasizing and allowing personal choice and control over their problems can minimize resistance. If you meet resistance, it's probably a sign you need to respond differently.

Examples:

- *It's OK if you don't want to quit; it is your choice.*
- *Maybe you aren't ready to quit.*
- *What do you want to do? How do you want to proceed?*
- *Where do you want to go from here?*

**5. Support self-efficacy.** A participant's belief that change is possible is an important motivator in making change. In motivational interviewing, there is no "right way" to change. If a person's plan for change doesn't work, they can come up with other plans. For this to occur, a person must believe that change is possible and that they're capable of making the changes necessary to improve their situation. Your "job" is to create a supportive space for them to explore their issues by engaging them in conversations that will help them believe change is possible and attainable.

Examples:

- *It seems as though you have put a lot of thought into your goals.*
- *You have a good plan of action.*
- *It sounds like you've had some success at making changes, and you're still struggling with some.*
- *It sounds like you've made real progress. How does that feel?*

## Rational Emotive Behavior Therapy

Rational Emotive Behavior Therapy (REBT) principles are a cornerstone of SMART Recovery program. The most common way we use REBT in meetings is with tools, rather than through conversation. The tools invite the group to have a conversation "with itself," and participants to practice the techniques until they become second nature. The aim is for each individual to become a more skilled and motivated expert in their recovery so they can use REBT skills outside the meeting.

Most of what you need to know about REBT is embedded in the tools. You'll learn how to introduce and explain them in the next chapter.

This section explores how you can use REBT concepts within the group discussion.

However experienced you become as a facilitator, remember that a SMART Recovery meeting is not group therapy and you are not a therapist. For more information on REBT, see the

SMART Recovery Handbook or refer to the Appendix in the back of this Manual for the Suggested Reading List.

## Irrational beliefs

The main irrational Beliefs (IBs) are:

- Should
- Ought
- Must
- Have to
- Awful
- Horrible
- Terrible
- Can't stand

We add all or nothing thinking, and we tend to judge ourselves for our mistakes and others for theirs.

There are three main areas in which we develop irrational beliefs, usually because of difficulty and discomfort:

- Ourselves
- Others, and
- Conditions of the world

Following are the three main types of irrational beliefs, and the emotions and behaviors that usually go with them.

### Beliefs About Yourself

*I **must do** well and gain the approval of others or else I'm no good.*

*It's **awful** when I don't do as well I want to do.*

*I **can't stand it** when I do badly.*

*I **should** be severely punished.*

These beliefs create anxiety, guilt, shame, and self-hatred; it sometimes precedes anger. It also may contribute to procrastination and suicide.

### Beliefs About Others

*You (others) **must** treat me kindly, in just the way I want or you're **no good**.*

*Your behavior is **awful** and I **can't stand** to be in your presence.*



*When you treat me badly, you **should** roast in hell.*

These beliefs accompany anger, hostility, and rage; it may lead to fights, revenge or “getting even.”

## **Beliefs About Conditions of the World**

*The world **should** make it easier for me to be happy.*

*It **must** not give me hassles or else it's a lousy, rotten world.*

*I **can't stand** the difficulties and hassles the world gives me.*

*It's **awful** to put up with this hardship.*

These beliefs contribute to frustration intolerance, depression, procrastination, suicide, and addiction.

**Example:** Joe had problems with drinking and using; he wanted the SMART facilitator to help him eliminate his problems easily and quickly. When the facilitator told Joe that he couldn't help Joe achieve his goals that way, Joe got upset. He started yelling, demanding, and stating that if SMART worked with “alcoholics,” then the facilitator **should** be able to help him get over this problem quickly. Joe stayed for that meeting, but didn't come back for a long time.

Joe believed SMART **should**'ve helped the way he wanted because he **had to** overcome his problems quickly. Joe's irrational thinking created frustration intolerance. This led to behavior that prevented him from returning to the meetings, and from listening effectively during the one meeting he attended.

## **Secondary Upsets**

Not only do we upset ourselves, we notice we're upset, and then get upset at our upsets.

We may notice we're depressed, and we tell ourselves, *I **shouldn't** be depressed; I **can't stand it**.* Or, we notice our thinking is crooked so we tell ourselves, *I **shouldn't** be thinking so crazily; I'm a real oddball, and I **must** not be that way; it's **awful**.*

We notice our self-defeating behavior and think, for example, *I got drunk last night after being sober for a month. I'm a **hopeless** case, and I will **always** fail. I am such a **loser**.*

We call the first upset a primary upset and the second a secondary upset. The secondary upset usually gives us more than twice the misery and makes it harder to overcome the primary upset.

Why? When you upset yourself with something, you usually deal poorly with it. When you upset yourself with your upset, you deal poorly with the upset, which means you keep it longer. Some people keep it for a very long time. They have severe problems due to their upsets; they may even deny they have them, and end up never doing anything about them.

## **REBT in the group discussion**

Because the basic concepts of REBT are simple and specific, it doesn't take long to describe one or two of the important concepts in detail. If you stick to these basic concepts and discuss them as they apply to the issue the group has chosen to discuss, participants will quickly grasp the ideas and apply them to their situations.

Participants will be eager to share their new ways of thinking. You'll probably have participants introducing these valuable concepts to others.

One way to introduce an REBT concept is simply to explain it and then open the discussion.

*Sometimes, we get in trouble emotionally when we can't accept failing at something. Let's open this up for discussion about how looking at this differently might be helpful.*

Another approach is to discuss REBT concepts when you're sharing your experiences with the group. It might be helpful to share this as an anecdote. Participants may begin to apply these ideas to their lives.

You also can ask open-ended questions to tease out REBT concepts. For example, which of these two approaches does the most to encourage mutual support?

*Joe is clearly angry and gets into fights because he demands that his partner **must** not continue to drink around him.*

*Can anyone identify with what Joe is talking about? Can you think of any ideas from REBT that might help him understand what is going on here?*

By gently introducing key concepts from REBT in meeting discussions, participants will start to apply these to their thinking and strengthen their ability to help each other.

Use the SMART Handbook as a meeting reference and show participants where they can find more information in the handbook.

In SMART Recovery meetings, discussing REBT can help participants identify:

- The unhealthy negative emotions (unhealthy because these make the person want to behave in self-defeating ways) and even change them to healthy negative emotions (healthy because they can help the person get what they want for themselves in the long run).
- The demands they are making of themselves, others, and life.
- The irrational beliefs they hold about a specific adverse situation.
- The "over-generalizations" to which these irrational beliefs can lead.
- The preferences and rational beliefs they can choose to consider instead.
- The preferred emotional response they will have if they practice these new preferences and rational beliefs.

## Unhealthy and healthy negative emotions

Most meeting participants will talk about their unhealthy negative emotions, directly or indirectly, during check-in. Sometimes, they'll come up when discussing someone else's issue.

Participants might not be sure whether their emotion is healthy or unhealthy. An unhealthy emotion is associated with an irrational belief that leads to self-defeating behavior. They make up the C (consequence of an irrational belief) of the ABC.

The type of emotion a participant has and the situation they're in may provide clues to:

- The adversity causing the unhealthy negative emotion
- Which irrational demand they are making, and
- The healthy emotion for which they should aim.

The idea is that by thinking more rationally, one can replace an unhealthy negative emotion with a healthier negative emotion that will encourage better behavior. This table shows the healthier target emotions for each unhealthy negative emotion.

Unhealthy negative emotion	Healthy negative emotion
Anxiety or Worry	Concern
Depression	Sadness
Unhealthy anger (rage)	Healthy anger (annoyance)
Guilt	Remorse
Hurt	Sorrow
Shame	Disappointment
Jealously	Concern for relationship
Envy	Displeasure

The healthy negative emotion is the preferred emotional response, as it will help a participant reach their longer-term goals. This is the E — effective new belief or change in thinking — of the ABC.

If you understand negative emotions, you'll be able to ask questions that encourage a participant to identify the most distressing unhealthy emotion they're having. They can then identify the healthier negative emotion they could feel instead. This opens the door to a general discussion about specific demands and irrational beliefs that lead to unhealthy negative emotions:

*Maggie, you said that the most frustrating thing for you is your daughter blaming your past drinking for the way she is behaving now, and that this leads you to feel rage, which leads to arguments.*

*A healthier negative emotion would be to feel annoyance rather than rage. Feeling annoyance is less intense than feeling rage. The lack of intensity will help you to talk more calmly to your daughter about her behavior. Does this make sense?*

*Can anyone identify with what Maggie is going through and what changes in your thinking helped you to feel better about and to deal more effectively with a similar situation?*

This is how you can introduce REBT ideas and get others in the group to share their successes in managing their thinking to change how they feel and act.

This works well in meeting discussions because people who come to SMART Recovery meetings have similar experiences as the result of addictive behavior. In this example, an unhealthy negative emotion was identified, and the discussion was opened up to the group to focus on irrational and rational ways to think about a situation.

**One negative emotion, one goal.** Sometimes a person has several unhealthy negative emotions they want to replace all at once. It's important they work on just one at a time. When other participants encourage them to explore their demands and beliefs, guide the discussion to one unhealthy negative emotion, the specific demand and beliefs associated with that emotion, and one healthy negative emotion as the goal.

Encourage the group to discuss first the emotion causing the most distress.

### ***Self-defeating and self-enhancing behaviors***

Unhealthy negative emotions lead to urges to behave in self-defeating ways. These include:

- Engaging in addictive behavior
- Withdrawing from and avoiding the adversity
- Acting angrily and aggressively
- Seeking reassurance
- Begging for forgiveness, and
- Seeking self-medication

Healthy negative emotions result in self-enhancing behaviors consistent with what a person wants long-term. These include:

- Pursuing abstinence
- Acting assertively to deal with the adversity
- Asking for reassurance and forgiveness, and
- Avoiding self-medication

### ***Demands and irrational beliefs***

There are four types of irrational beliefs:

1. Demands (must, should and ought-to, have-to, etc.)
2. Awfulizing beliefs
3. Low-frustration tolerance (I can't stand it-it is)
4. Downing beliefs (self-downing, other-downing, life-downing, world-downing, etc.)

From the REBT perspective, the demands — must, should, have-to — are the most common irrational beliefs that lead to unhealthy responses.

Beliefs become irrational when we turn what we would like (preferences) into what we demand (what we absolutely must have). We suffer emotional upsets and problem behavior when we make these rigid demands on ourselves, on others, on life, and the world.

They place unrealistic conditions on a person and everyone and everything around them. The rigid and extreme nature of these demands leads to emotional distress when they're not met or fulfilled, or even when a person thinks they may not be.

It's important to help participants find the four types of irrational beliefs in their thinking. By doing this, they will learn to look for these beliefs during the discussion and in their thinking outside the meeting.

**Figure 3. Demands and Irrational Beliefs**

Demand	On self	On others	On life
MUST	<i>I <b>must</b> be able to have a drink like everyone else</i>	<i>You <b>must</b> treat me with more respect</i>	<i>The world <b>must</b> make me happier</i>
SHOULD	<i>I <b>should</b> not have to feel this discomfort</i>	<i>You <b>should not</b> tell me what I have to do</i>	<i>Life <b>should be</b> easier for me</i>
HAVE TO	<i>I <b>have to</b> get that job interview</i>	<i>You <b>have to</b> behave better</i>	<i>Life <b>has to</b> get better</i>

### ***Preferences and rational beliefs***

There are four types of rational beliefs:

- Preferences (instead of demands)
- Anti-awfulizing
- High frustration tolerance
- Acceptance

**Preferences.** The healthy alternative to a demand is a flexible preference. These are non-extreme beliefs about how you would like things to be without demanding they absolutely have to be that way. Within REBT, preferences are healthy responses to the adversities in our life.

**Figure 4. Preferences**

Preference	On self	On others	On life
PREFER TO	<i>I would <b>prefer</b> to have a drink like everyone else, <b>but</b> I realize I don't have to</i>	<i>I <b>prefer</b> you treat me with more respect, <b>but</b> I understand you don't have to</i>	<i>I <b>prefer</b> the world was a safer place to live, <b>but</b> it doesn't have to be the way I want it</i>
PREFER TO	<i>I would <b>prefer</b> not to feel this discomfort, <b>but</b> I accept I may have to</i>	<i>I <b>prefer</b> you not tell me what I have to do, <b>but</b> I accept that you can</i>	<i>I <b>prefer</b> life was much easier for me, <b>but</b> accept that sometimes it isn't</i>
WANT TO	<i>I really <b>want to</b> get the job, <b>but</b> I realize I may not</i>	<i>I <b>want</b> you to behave better, <b>but</b> you can choose how to behave</i>	<i>I <b>want</b> life to get better for me, <b>but</b> I can't control everything that happens</i>
LIKE TO	<i>I would <b>like to</b> have controlled myself, <b>but</b> unfortunately I didn't</i>	<i>I would <b>like</b> you to help me with my drinking, <b>but</b> you don't have to</i>	<i>I would <b>like</b> the weather to be sunny, <b>but</b> I can't control the weather</i>

In meetings, listen for demands participants make when discussing negative emotions and behaviors. When you hear them, you could say:

*When feeling upset, it can be helpful to find the demand in what you are telling yourself. So, try to find the word that best describes the inflexible demand you are making on yourself, others, or life; look for the **must**, **should**, **have to**, **ought to**, etc.*

Once the demand is identified, try to see if the person or someone in the group can turn it into a preference. If no one can help, write the healthier preference statement on the flipchart to help participants arrive at the more helpful answer.

**Anti-awfulizing.** When we exaggerate just how bad things are, we are “awfulizing.” “Awful” in this sense means a person believes absolutely nothing could be worse.

For example:

- I **must** have a drink to cope; if I don't get one, it will be truly **awful**.
- You **have to** love me or it will be the end of the world.
- Bad things **must** stop happening to me; nothing good can come from all of this.

There are two parts of an anti-awfulizing belief:

1. Recognize when a situation is truly negative or bad.
2. Don't “awfulize” it.

Here are the same examples from an anti-awful perspective:

- It may be hard to do without a drink, **and** it won't be truly awful because worse things could happen to me.
- It may hurt a lot if you don't love me, **and** it won't be the end of the world.
- Things are difficult now, **and** it won't last forever.

Listen for awfulizing beliefs participants may add to their demands. If participants don't spot awfulizing, you can do it:

*When things are difficult, we often exaggerate how awful they really are. Joanne, might this be how you're thinking about your situation?*

If the individual or the group picks out the awfulizing statement, encourage participants to talk about their anti-awfulizing thoughts and how anti-awfulizing has helped them.

High-frustration tolerance. When a person's demands aren't met, they may think they can't tolerate the frustration. They may believe "things are unbearable," "I can't stand this," or "I will die if this continues." This is called low-frustration tolerance:

- I **have to** get high and if I can't, it's unbearable.
- My partner **must** stop treating me like that because I **can't stand it**.
- I **should** not have lost my job for drinking. I'll **never** be happy.

**High-frustration tolerance** beliefs are the rational beliefs that recognize things as being difficult but are realistic about how tolerable they are. Tolerant beliefs have three parts. They:

1. Recognize the struggle.
2. Don't label it as unbearable.
3. Recognize the value of bearing it.

Here are the same examples, from a high-frustration tolerance perspective:

- It may be unpleasant not to use drugs **but** I can bear it without them. I'll achieve many other goals that are important to me if I stay clean.
- It's difficult when she treats me this way, **but** I can stand it until she calms down so we can discuss it.
- I'm unhappy I lost my job and accept responsibility for my actions, **and** I can be happy. Knowing that makes it easier to start thinking about finding another job.

You can listen for low-frustration tolerance beliefs and help participants learn how to turn them into high-frustration tolerance beliefs. Here are some examples of high-frustration tolerance statements:

- This is hard, but I can stand it.
- This is unpleasant, but I can bear it.
- The fact is, I am standing it.
- It won't kill me. I don't like the discomfort, but I can bear it.
- This makes me unhappy now, but it won't last forever.

**Acceptance.** People often add downing beliefs to unmet demands. These beliefs exaggerate how worthless we, others, or life are. We judge ourselves or others to be worthless when we or they do a single thing badly. For example:



- I **must** get that job and if I don't, it proves I'm worthless.
- They **should** do what I want them to. If they don't, they're just a bunch of jerks.
- Life **must** be fair and it isn't, life stinks.

Acceptance beliefs are the nonextreme rational beliefs that replace downing beliefs.

- Judge only the single aspect of ourselves or what has happened to us.
- Don't buy into the downing part of the belief.
- Add the acceptance part of the belief.

Here are the same examples, turned into acceptance beliefs:

- It's a bummer I didn't get the job, but it doesn't mean I'm worthless. I've gotten jobs before, I just wasn't successful this time.
- It's annoying they're not doing what I want them to, but that doesn't mean they're jerks. I can judge this one behavior, but I cannot judge them in their entirety.
- This one thing feels unfair, but good things happen to me, too, so I can't judge life as totally unfair.

Here are some general acceptance statements you can use in a group discussion:

- No one is perfect; remember, you're not your behavior.
- Failing at one thing doesn't make you a failure at all things. You succeed at many things.
- Everyone makes mistakes; it's normal and it's how we learn.

## Rational Emotive Imagery (REI)

Rational Emotive Imagery (REI) was developed by psychiatrist Maxie Maultsby. It's frequently used in REBT. Here's how this exercise can go:

*Facilitator: Let's do an exercise called Rational Emotive Imagery. Disputing irrational beliefs is a cognitive exercise; it works mainly on your thinking. REI works more on your emotions.*

*I'll explain how we do the exercise and then we'll do it. I'll ask you to close your eyes and imagine the thing that makes you feel anxious and shameful. Imagine it until you feel really. Then hold that image and feeling for a minute or two. Then, I'll ask you to change your feeling to an appropriate emotion, one that feels bad, but not upsetting. Then hold that for about a minute. When you've done that, we're through with the exercise.*

*OK, let's do the exercise. Close your eyes and imagine the group is listening to you tell them about your relapse. When you finish talking, you see their expressions of complete disapproval. One person says, "You're really stupid for having a problem. Nobody here has problems like that. You're a real jerk." Now, allow yourself to feel very upset.*

*Facilitator, after 10 to 15 seconds: Have you got it? Are you feeling lousy?*

*John: Yeah.*



Facilitator: *Good. Hold it for about a minute.*

Facilitator, after about a minute: *Now change your upset feeling to an appropriate bad feeling, one that feels bad but isn't upsetting. Keep imagining the same thing, the expressions of disapproval and the person telling you you're a jerk, but allow yourself to feel an appropriate emotion instead of an upsetting one.*

Facilitator, after 10 to 15 seconds: *How are you feeling now?*

John: *I'm feeling concerned about it, but not upset.*

Facilitator: *Good. Hold that for a few more seconds.*

Facilitator, after about 10 seconds: *Now open your eyes. With that exercise, you can learn to feel appropriately about people criticizing you, instead of being upset about it.*

## Summary

This chapter presented information and examples to help you feel confident about your developing core facilitation, listening, and group interaction skills. You also learned the basics of Motivational Interviewing and REBT. With every meeting, you'll hone your skills so your meetings are more productive and efficient, and your experiences more rewarding.

# Notes

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## Chapter 6: Facilitation Challenges

Most SMART Recovery meetings take place without incident, but issues do arise occasionally. Most difficulties go away if the facilitator sticks to the meeting structure and format.

### Over-facilitating

Remember that the best SMART Recovery meetings run themselves; your primary role is to guide the participants through the agenda. Usually, the best approach is to have your mouth closed and ears open.

Sometimes, especially when a meeting stalls because participants aren't talking or there's tension, facilitators jump in to fill the "dead air."

**Figure 5. Over-facilitating vs Facilitating**

You're over-facilitating when you ...	You're facilitating when you...
Talk more than the participants.	Talk less and listen more.
Teach too many tools in one meeting.	Focus on one tool per meeting.
Make every decision about which tool to use or where the discussion goes.	Engage participants in the decision-making and resist jumping in to do it for them.

Over-facilitating stifles mutual support and disempowers participants. They may get bored, feel resentful, and may not come back.

If you think you over-facilitated a meeting, you can ask if participants at the end of the meeting if they felt that way, too. If they say they did, ask them to let you know if you start to do it again in future meetings.

### Over-enthusiastic facilitating

Being enthusiastic and having answers to every question can — in the short term — make you popular with some participants, but it doesn't make for an effective meeting.

If participants start to see you as the "expert," they will do less thinking for themselves and will help each other less. They will expect you to bring new and interesting ideas, and not contribute their own. When you run out of answers, participants may wait silently for you to come up with one. When you don't, they might feel let down and not return.

Facilitator enthusiasm is no substitute for mutual aid. It's better for you to slow down, allow more silence, and enable the meeting to evolve at its own pace.

## Under-facilitating

You know you're under-facilitating when the meeting doesn't follow the agenda. These kinds of meetings lack focus or feel emotionally unsafe, and fail to provide SMART's benefits.

**Figure 6. Under-facilitating vs Facilitating**

You're under-facilitating when . . .	You're facilitating when...
Participants stray off topic.	You have the confidence to intervene and get the meeting back on track.
Dominant participants dictate — verbally and nonverbally — how the meeting progresses and speak over other participants.	You reassert your role as facilitator and guide the meeting in a way that everyone has the opportunity to share.
You use the same tools repeatedly.	You learn how to use all the tools — even those that don't help you personally — so everyone has the opportunity to find the ones that may be helpful to them.
Meetings become comedy routines with a lot of jokes and humorous anecdotes.	You can use appropriate humor to get the meeting back on topic.
Participants disengage and get distracted.	You watch for bored and distracted participants, and take steps to engage those who have checked out.

It takes finesse, confidence, and trust in your intuition to know when to insert yourself to get the discussion back on topic, encourage quiet participants to share, and gently acknowledge the contributions of the more vocal participants.

At the end of a meeting in which you feel you didn't facilitate enough, ask the group for feedback. If they agree, or they voice concerns about others talking too much, straying off topic, etc., ask them to point it out if it occurs at future meetings.

## Mistakes

You will make mistakes in your role as facilitator. Not all meetings will run smoothly and some participants won't come back. Some may even leave during a meeting. Don't take it personally.

It's easy to over-facilitate or under-facilitate a meeting, mess up an ABC, or not handle a topic as well as you think you should. It's normal; don't beat yourself up when it happens. If you realize you made some mistakes, it means that you're aware, and that you're learning and improving.

Facilitators will often find that, no matter how badly they think they did, participants will have picked up things that will help them in their recovery. When facilitating your first meetings and

the group is new, try not to worry too much about being nervous. Chances are the participants will be nervous, too.

## Early conflict

New participants often feel anger, resentment, or suspiciousness. Taking part in a meeting might trigger deep feelings about relationships and authority. One of the benefits of the meeting is that it provides a safe place where these feelings can surface.

A newly formed group may find it hard to handle this kind of conflict, and there is the danger the group takes on a negative tone. It's helpful if you learn to understand and accept people where they are and where they're coming from, even if they're challenging and make facilitating a meeting difficult.

Acknowledge the underlying distress of any anger or resentment, and try to ignore much of the emotional expression. Don't take it personally; remind yourself the individual may be angry with your role but not with you as a person. Shift the focus back to the meeting structure and the tools to help the individual work with the anger they brought into the room.

It usually takes three to six meetings to establish group dynamics, so be alert to and patient with themes of conflict, criticism, or rejection, especially during the early stages of meeting development.

## Intense emotional atmosphere

There may be times when the level of emotional intensity increases to the point in which you grow concerned about how participants will manage after leaving the meeting.

If this happens, allow for a longer checkout period and acknowledge the emotional weight of the meeting. Suggest participants share what the discussion meant to them. If you can bring reactions into the open during the meeting, it may help prevent participants from continuing the discussion after the meeting, which could breach the confidentiality rule.

If there's a participant who is particularly upset, ask the group for input to help normalize that person's experience, and to offer ideas on how they might better handle the situation. You also might ask the individual to talk through a plan of what they need to do to stay safe immediately after the meeting, later that evening, during the next day, and beyond. Verbalizing a plan will make it more likely to stick and allows input from others.

If the participant is too upset to discuss the issue with the entire group, suggest they leave the room with one or two participants of their choice to discuss the matter further until they feel they can return to the meeting.

## Dominant participants

You can pretty much count on occasionally having a participant who tries to dominate the meeting. When this happens, thank them for their contributions, then gently shift the focus of the conversation away from this person. This can be accomplished by asking others for input related to what the dominant participant is saying, or by stating:

*Can we come back to that after others have had a chance to participate?*

It's likely a dominant participant will try to dominate each meeting. Persistently and gently challenge this pattern; the dominant participant will, in time, experience the benefit of sharing the meeting discussions with others.

While you need to be sensitive to “long talkers,” don't feel like you're being disrespectful when you interrupt to shift the attention back to the group. You may need to work out in your mind (perhaps using an ABC) the beliefs that keep you from intervening with dominant participants.

You can say something like:

*I'm sorry but we're running short on time and need to move on.*

*Let's stop here and see what the group thinks about what you've said.*

If, after several meetings, you don't get the change the meeting needs, you may need to be more direct:

*It's really important everyone has a chance to participate in these meetings.*

*Mike, let's give someone else a chance to talk about this.*

It's also important that you make it clear to the group that part of your role as facilitator is to intervene if someone becomes dominant in the meeting. Ideally, challenging a dominant participant becomes the collective responsibility of the group.

With dominant participants, excessive self-disclosure, or with someone immersed in a war story about their past, it can be hard to get the attention of the group. Your job is to take control of the meeting discussion. It may not be easy and you may need to learn how to interrupt in a positive and respectful way:

*Let's pause for a moment here, Patrick. I'm concerned any more information will actually make it harder — not easier — for the group to help with this.*

*There is so much involved here and I think we can help you with this. Let's break down some of these issues to focus on one part of what is going on. What's the thing you most need the group's help with?"*

If you're having a hard time interrupting the talker, hold up your hand. Nonverbal signals can increase the power behind the request.

## Confrontational participants

If tempers flare during a discussion, a brief period of silence can allow these to cool; however, if a participant becomes hostile or threatening, you may ask to speak to them privately outside the room to explain the meeting guidelines. Make it clear if they can't stay within the guidelines, they'll have to leave. If they continue to be a problem and refuse to leave, you may:

- Tell the other participants they may leave, then everyone leave the building together to let this person have the room to themselves
- Call the police

Discourage participants from engaging in a confrontational approach as this could lead to violence.

## Group resistance

Group resistance can appear in many forms:

- Uneasy silence
- Anxious laughter
- Preoccupation with trivial topics not relevant to the group

These are good indicators that constructive work has stopped and that the group is showing resistance or boredom.

Be patient. Usually, the meeting will quickly come back around to focus on the task. Use these occurrences to share what you noticed with the group:

*I noticed over the last half hour or so we keep drifting off topic. Why do you think this is happening?*

If you can keep to the structure and focus of the meeting, participants will return to the topic with full participation. This is where you'll probably need to rely on your ability to be flexible until the group comes around.

Participants may challenge your role. You might hear comments like, “*If you gave us more direction, the group would be more helpful,*” or, “*You really don't know what I am experiencing.*” These kinds of comments often reflect the participant's need to differentiate themselves from the control of the authority figure, which, in the meeting, is you.

Such comments also may reflect a participant's expectation you'll always provide the perfect solution to their problem. It might be helpful to explain in the Opening Statement that your role is to guide the discussion and to help participants learn the tools and techniques to help them in their recovery.

Although there may be times when you must respond to challenges, it's probably best to let minor comments or subtle indications of rebellion pass without mention. Responding to or challenging rebellious participants may reinforce their perception you're in a position of power.

Instead, remain focused on the core facilitation tasks. Another approach might be to agree with the participant who challenges you. This takes the power out of their challenge and helps participants to understand you're doing your best.

*You may be right, Sally. I'm still learning about facilitating and won't get it right all the time. What we all need to remember is these meetings are about mutual support. What really helps is if the group can help keep things on track. We're all responsible for making these meetings work, not just me.*

Finally, try to be as collaborative as possible. You're the servant of the meeting, not the leader. Keep in mind it's not "your meeting"; the meeting belongs to the group, which is where the true leadership lies.

## Taking control

Sometimes, you may need to push back to regain control of the meeting. For minor issues, you may be able to nudge the meeting in a better direction without challenging a dominant individual. By providing indirect, impersonal feedback to the group, the person who needs to hear it usually will.

You may not even need to point out the problem behavior. Instead, explain the tradition of the SMART Recovery program. For example, if a participant tries to start a debate about abstinence, don't criticize their opinion. Instead, say something such as:

*SMART Recovery meetings are focused on learning the skills of recovery so let's return our focus to doing that.*

Making a general comment like this will make it less personal and less likely to be taken as an attack.

Another approach is to wait until checkout to provide this feedback. By leaving it until later, the participant who originally made the comment is less likely to feel attacked.

Unfortunately, this gentle feedback won't always be heard or heeded. You may need to be more direct and more obvious. But, focus on the behavior, not the person. If the debate persists, perhaps something like:

*Will, I know you have strong feelings about this issue, but debating this is not part of a SMART Recovery meeting.*

Using this approach, you're likely to hear participants use similar messages to keep the meeting on track, which helps the meeting become "self-managed" — a sign of a high-functioning SMART Recovery meeting.

## Needy participants

People who are regularly in supportive environments (family, friends, etc.) can usually tolerate a momentary lack of support in other environments. People who haven't received a lot of emotional support often find it hard to accept support or to notice others have needs, too. These individuals may try to grab all the help they can by repeatedly putting their needs ahead of others.

It might take time for these participants to:

- Understand and trust that if they don't get to spend time on their issues this week, it's not a personal rejection, and that their turn will come.
- See that meeting other people's needs doesn't mean theirs won't be met.
- Understand that putting their issues aside to help others can be healing.



Don't allow one participant's neediness to prevent others from benefiting. Warmly acknowledge the participant's needs but stay true to the meeting's boundaries.

## Quiet participants

When you get a new participant, respect their desire to be silent for a few meetings. You may want to leave new participants alone to observe for the first few meetings. If they continue to attend but don't add to the discussion, gently encourage their participation:

- Address them by name, *"What do you think, Fred?"*
- When you ask the group for suggestions, make eye contact with the quiet participant. This nonverbal invitation may be enough to get them to participate.
- If they've talked on a subject before, such as a tool they found helpful, ask them to offer their thoughts on that tool. *"Fred, you found the Urge Log useful. How did that help you and how do you think it may help Joan with her situation?"*
- Brainstorming is another opportunity to get quiet participants involved. After other participants have contributed on a topic, look at the quiet participant and ask, *"What did you get from this, Fred?"*

Some people are chronically shy, have social phobias, struggle with speech impediments, or suffer from depression. Although it's important to create a friendly space and encourage everyone to participate, it's not our mission to force anyone to do so. These participants can learn from observing and being part of a safe, respectful group.

If your attempts to engage a participant are unsuccessful, but they keep coming to meetings and say they're doing fine during check-in, assume the meetings are worthwhile to them. Just being with others who struggle with addictive behavior, and observing the program and tools may be all they need.

## Over-long check-in

A common problem in new or large meetings — or those with inexperienced facilitators — is check-ins that run too long.

Check-in discipline is one of the most important opportunities to establish the authority of the meeting structure and your role. When introducing the check-in, make it clear how much time each participant has to speak, and enforce it from the beginning. If participants start to go over their time, remind them this is just a check-in and it's supposed to be brief.

If this is still a problem after a few weeks, consider buying a traditional sand-filled egg timer. Each participant talks until the sand runs out then stops and passes it to the next participant.

## Excessive self-disclosure

Self-disclosure can help participants gain trust and create a sense of belonging; however, too much disclosure can get unhealthy very quickly. SMART methods don't depend on much disclosure at all.

A little disclosure builds trust; too much destroys it, so it's a question of balance. People who are early in their recovery commonly struggle to find this balance. One warning sign of excessive disclosure is when each participant reveals something more disturbing or shocking than the last. This can scare away participants and create an emotionally unsafe environment.

If you think a person's disclosure is excessive or inappropriate, watch how others react. You may need to interrupt the speaker and encourage the other participants to help the speaker.

*That's a lot of detail, Mike. Can anyone pick up on a single point and suggest something that might help Mike?*

If the individual or another participant resists cutting off the story, explain it's more helpful to explore solutions and change our approach to problems rather than simply talking about past mistakes.

## Defending vulnerable people

While SMART Recovery meetings are confidential, there are exceptions to confidentiality.

If a participant poses a threat to themselves or to others, especially children or vulnerable adults, you may need to report the perceived risk to the authorities. Trust your instincts; you may need to call for immediate help (911) or, if the threat isn't immediate, contact the SMART Central Office for advice on how to respond to the situation.

## Criticism or promotion of other programs

Some participants may have had bad experiences in other programs and want to criticize them. Others might have all the enthusiasm of the new "convert" to SMART and want to explain at length why it's better than other alternatives.

As facilitator, shut down these conversations as soon as they begin. You might say:

*It's an important part of SMART that we don't criticize or promote other groups, organizations, or approaches. If SMART Recovery works for you, then please use it; however, a 12-step approach might work better for someone else and SMART promotes choice in recovery.*

You also might point out that many participants who attend SMART meetings also participate in 12-step programs.

This policy applies to other personal beliefs such as politics and religion. It's OK if someone raises spirituality or even discloses their political ideologies as long as discussions or criticisms of others' beliefs aren't discussed during a meeting. Redirect these discussions as soon as they start.

## Moderation seekers

Although SMART Recovery is an abstinence-oriented program, some participants may consider moderation instead.

The general SMART Recovery position is someone with many years of serious and problematic addictive behavior would *probably* be better off choosing abstinence, but that isn't our decision to make. No one knows what's best for someone else, and some people do maintain their moderation goals.

SMART respects an individual's recovery choices and goals.

As facilitator, you may:

- Acknowledge and respect the participant's right to try moderation
- Reinforce SMART is focused on abstinence
- Suggest a period of abstinence might be a good starting point, even if they seek moderation later
- Do a CBA on the pros and cons of abstinence
- Make them feel welcome in the group

Make it clear you won't allow them to distract other participants with details of their current moderated behavior; don't allow a debate about moderation versus abstinence during the meeting.

While SMART's tools aren't specifically designed to help people moderate their use or behaviors, some of SMART's tools are similar to those used in moderation programs. This may be helpful to someone seeking to overcome an eating disorder, in which abstinence isn't appropriate but behavioral change and moderation are. Some people who don't intend to abstain find attending SMART meetings reduces their intensity and frequency of use.

If you have these kinds of participants in your group, and their presence doesn't cause problems, let them know they're welcome to stay and participate.

## Excluding participants

If you feel you've tried everything and an individual continues to be disruptive, you might need to do more than just respond in the meeting.

Here are some ways to handle this:

- Discuss the matter with a trusted meeting participant to get a second opinion about the effect the individual's behavior has on the group. Be aware of your beliefs and reactions.
- Bring up the individual's behavior at a SMART Meeting Management session to get input and suggestions from other facilitators.
- Talk with your Regional Coordinator.
- Speak to the individual privately (though with someone else in the room). Explain that their behavior is outside the SMART Recovery tradition and that they may not continue the behavior at meetings. The individual may then promise to change, and you can offer to help them. You also may challenge them immediately if they continue the behavior or get out of line in future.

If this doesn't work, you might suggest they take a "cooling off period" and not attend the meeting for a few weeks.

## **Dead zones**

Sometimes, you'll have meetings in which no one has an issue to discuss. If this happens, you can ask questions developed to get the conversation going.

Each question can be answered quickly, going around the circle, and each is based on a tool.

With luck, a discussion will emerge as the question goes around the circle. If that happens, you can say: "That's a great point. Let's finish going around the circle then come back to what you said."

Here are a few questions:

### **ABC (Emotional upsets)**

*What has been a "blessing in disguise" experience for you?*

*What happened that you initially viewed as a disaster, but later saw as an opportunity?*

Couldn't every "disaster" be viewed this way, even though the change in view might take a long time? This might come out only after everyone shares and the discussion is then led around to this conclusion.

### **CBA**

*What was your greatest benefit from your addiction? What was your greatest cost? How are they related?*

Often the greatest benefit flip-flops and becomes the greatest cost, as when drinking to relax ends up leading to a life filled with tension and anxiety, or using meth to have energy leads to a life with no energy except when using.

### **Change Plan**

*What, if anything, will you be doing this coming week about your addiction problems?*

### **ABC (Urges)**

*When you have an urge, what thought is most likely to get you to use? What do you think of this thought now?*

### **DISARM**

*If you picture your addiction as something or someone out to get you, how would you see it? (e.g., a wild animal, a devil, a smooth talking liar, etc.)*

## **Brainstorming**

*What is the wildest or weirdest idea you have had this week about addiction or recovery?*

*What was the most helpful new idea you ever got about addiction or recovery?*

## **Role Playing**

*To deal with your addictive behavior better, who's the one person you need to deal with better? What do you need to do better with them?*

## **Unconditional Self-Acceptance (USA)**

*Without telling us, tell yourself what you think your biggest flaw is. Then tell us, out loud, what you think your life would be like if you did not have this flaw. Don't tell us the flaw itself; just tell us how your life would be different without it.*

Many participants will likely say the flaw, leading to ABC, Change Plan, or Role Playing, or to other tools.

## **Hierarchy of Values (HOV)**

*What value is most important to you? We'll go around the circle once, and after we hear everyone, we'll go around again to answer the same question. We'll see if the answers are different the second time around. Then we can discuss why you changed your answer or why you didn't.*

## **Reducing suicide risk**

Although rare, a meeting participant may disclose they have suicidal thoughts or are thinking about killing themselves. Facilitators must be prepared if this happens and respond in ways to reduce the likelihood of a tragic outcome.

A SMART meeting isn't a suicide risk or prevention support group and shouldn't stray too far from the focus on addictive behavior; however, the group should encourage the individual to create a plan to stay safe and to seek help elsewhere.

If someone talks about committing suicide:

- Take the risk seriously
- Be direct and talk openly about it
- Let the participant know others care
- Reinforce that SMART isn't designed to help with these kinds of problems
- Enable others to offer suggestions and support, without taking up the focus of the entire meeting
- Speak to the person after the meeting to find out if they have a plan to stay safe
- Encourage the participant to come back to SMART meetings, reinforcing they are part of a "community of support"
- If the risk seems imminent, consider calling the police

You might tell the person, during or after the meeting:

*You're telling us you feel suicidal. We're concerned for you.*

*If your feelings are intense and urgent, you should seek professional help immediately. If you're not sure where to go, a hospital emergency room is a good option.*

*SMART meetings aren't set up to help with these kinds of problems, but perhaps we could spend a few minutes helping you work through a plan of how you will get the help you need. Would this be helpful to you?*

## **Understanding suicide risk**

It's a common — but false — belief that asking a severely depressed person if they feel suicidal will make them more likely to commit suicide. On the contrary; people who consider suicide are frequently relieved when someone acknowledges how they feel and is willing to talk about it.

It's also false that people who talk about suicide are only trying to get attention. Of those who threaten to commit suicide, more than 70 percent will try or complete the act.

In most instances, people engaged in suicidal thinking are ambivalent about the desire for death; what they really want is for the pain to stop. Providing the individual with an opportunity to explore options for living can help the person decide they want to live.

Most people who are deterred from committing suicide later report they were grateful for the help they received. If someone is at a SMART Recovery meeting, you may assume the person believes there must be some benefits to staying alive or they wouldn't have come to the meeting.

If a participant confirms they feel suicidal, it's not the time to work through a tool. Instead, focus on short-term support and their safety:

- What brought them to the meeting and what help would they like?
- Is there a friend or relative they can talk to about their feelings?
- Do they have a counselor or case manager?
- If you sense the need is immediate, encourage them to go to a hospital emergency department, or contact the police.

Try to get the participant to create a plan for the next few hours and days. Ask the participant for assurance they will follow through with the plan and to remain safe until they get help.

Here is a sample conversation for dealing with someone who is thinking about suicide:

Maggie: *It just gets worse and worse. I can't deal with life anymore. I want to go to sleep and never wake up.*

Facilitator: *Maggie, it sounds like things are very rough for you right now. Are you feeling suicidal?*

Maggie: (Long pause) Yes.

Facilitator: *Do you have a suicide plan?*

Maggie: *I have a bottle of pills next to my bed.*

Facilitator: *Well, it's good you've been able to tell someone. Although we can't know exactly how you're feeling right now, some of us know what it's like to feel like we've run out of options. Maybe we can help you come up with a plan to help you stay safe and get things going in the right direction.*

Facilitator: *Can anyone offer Maggie some suggestions about where to get help or how to stay safe?*

Participant B: *What do you want from the meeting today, Maggie? What would help you?*

Participant C: *I was suicidal, but after staying sober for a while my life turned around. Would it help you if we shared our experiences of how we got our recovery back on track when we thought it was hopeless?*

Participant D: *When we talked about social networks last week, it sounded like you had some good friends. Which of them could help you the most?*

Facilitator: *Maggie, have you thought about calling the local crisis line or mental health services? If you don't think you can stay safe tonight, you can go to a hospital emergency room. They'll have someone on staff who can talk with you.*

Maggie: *I think I'll be all right tonight.*

Facilitator: *What about making a specific plan to stay safe? With all the things we've talked about, what sounds like it will work for you?*

Maggie: *Well, I don't know. I guess I could go home and watch TV to keep my mind occupied. I could call the local crisis line. I haven't been sleeping well lately, but I'll try to get some rest. I can call local mental health services tomorrow morning and see if I can talk with somebody.*

Facilitator: *That sounds like a good plan. Will you agree to do that? And, if you start to feel like you can't stay safe, you agree to call the crisis line or go to an emergency room?*

Maggie: Yes.

### ***After the meeting***

Immediately after the meeting, check in with the participant privately and ask them to run through the plan to which they agreed in the meeting. If appropriate, offer to put the local crisis hotline number into their mobile phone and provide a copy of the “Need Urgent Help?” information available as a link on SMART’s homepage. We recommend that you create a list of local resources, too.



For your benefit and peace of mind, consider talking to a fellow group member or another facilitator about what happened and their reactions. This can be important in your self-care. If a Regional Coordinator supports the meeting, talk to them.

### ***Immediate risk and confidentiality***

Though rare, you may determine the risk of suicide is real and immediate. If the participant provides concrete details about how they plan to end their life and doesn't have a plan to stay safe, we recommend you call the police and provide the information you have, including the participant's name. Under these circumstances, the rule of confidentiality no longer applies.

The police have mental health professionals on call 24 hours a day to assess whether a person is at risk and what help to provide.

### **Meeting romances**

Almost by definition, someone new to SMART Recovery is vulnerable. They often will be looking for reassurance, support, and even friendship from people further down the road of recovery. Inappropriate sexual relationships can put them at risk and might trigger a relapse.

The SMART program is based on a rational view of the world, and it's naïve and unrealistic to assume romances between participants won't happen. If SMART Recovery suggests participants seek a balanced life, seeking out and sustaining romantic relationships is often something to celebrate.

Don't try to make rules about romance within the group, but be vigilant for anything that looks like sexual exploitation of vulnerable members. You have the right to bar someone from the group if they're putting other participants at risk. If there is any doubt, talk to your Regional Coordinator or to the Central Office.

#### **SMART's policy on socializing with participants**

For many people, an important part of a successful recovery program is building or rebuilding healthy social networks. Meeting other like-minded, supportive participants and volunteers through SMART Recovery can be an additional benefit from the program. SMART seeks to provide comfortable social environments at our meetings and online community. We encourage you to build relationships with other people, including those you meet through SMART. Please remember that SMART is not responsible for the environment outside of its meetings and online activities.

### ***Facilitator's responsibility***

To some people in early recovery, a facilitator's "power" and knowledge creates an aura of desirability — the recovery group equivalent of "beer goggles."

At SMART Recovery, romantic or sexual relationships between facilitators and newcomers or vulnerable participants are dangerous and breach the Code of Conduct. You should hold yourself to a higher standard and avoid sexual relationships with any participant.

If a romance does develop between you and a meeting participant, you or the participant should move to another meeting, or stop attending until you know the relationship will work



out. If the relationship becomes serious, it may be OK to attend the same meeting as long as you inform the other participants and allow them to respond. Honesty and integrity is the key.

## Facilitator burnout

The role of facilitator can be so fulfilling you may forget to maintain a balanced life, and slip into doing too much. If you begin to feel negative or exhausted after meetings, or frequently lose sleep over some SMART matter, you might be falling into facilitator burnout.

If this occurs:

- Do an ABC to figure out how you're feeling and why
- Identify the thoughts associated with your feelings
- Talk to another facilitator or with your Regional Coordinator
- Ask meeting participants to take on more responsibilities
- Take time off from facilitating

You may need to get more rest, revise your diet, exercise and ensure you get the sleep you need. It can take weeks or months to feel better after making changes to address burnout. If burnout goes on for too long, you're at risk of becoming physically or mentally exhausted. If this happens, you may need to stop facilitating and you should see your doctor.

## Summary

We hope the information in this chapter helps you to be successful with challenging people and situations. Remember, there's support available to you through ongoing SMART training, Regional Coordinators, SMART mentors, the Central Office, and the Training Team.

## Notes

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## Chapter 7: Using the Tools

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One of the key features of a SMART Recovery meeting is the use of the SMART tools. This section explains how to introduce SMART's tools to participants, and how to help them understand how and when to use each tool.

This section doesn't explain how these tools work or fit into the SMART Recovery program. For more information on this, see the SMART Recovery Handbook and the online toolbox.

SMART tools are important because:

- They distinguish SMART from other recovery programs
- They keep meetings fresh and on track
- Participants can use them when they aren't in meetings
- They can help with group dynamics and get people engaged in the meeting
- They can be used to help the group focus

Using the tools in SMART Recovery meetings is important because:

- Participants will know how to use them when they aren't in meetings
- Participants have a reason to get more involved in meeting discussions
- Participants will learn to cope and self-manage themselves
- Facilitators and participants stay away from giving advice
- Participants get to practice using them in a controlled environment
- Meetings become learning environments rather than therapy sessions

### Presenting and using SMART tools

Once your meeting is established and includes experienced participants, you may only occasionally need to introduce or lead participants through a tool. Participants will learn to identify which tool to use and help each other use them.

It's important you "DO SMART Recovery" rather than "talk" about SMART Recovery — "use" the tools rather than "teach" them. By applying the tools to actual issues, they become alive and relevant to your participants. This is the desired goal of SMART meetings.

When an individual applies a tool to their situation, their learning becomes quick and sustained.

During the discussion part of the meeting, you'll suggest a tool to apply to an issue a participant mentions during check-in. With the person's consent, you can guide the group through the tool, discussing its key elements and concepts.

If you have a good grasp and understanding of several tools before your first meeting, you'll feel more confident in your new role as facilitator. To learn about the tools:

- Read this manual
- Read the SMART Handbook
- Read other SMART materials
- Rehearse the step-by-step guidelines from this section

As your familiarity with SMART tools grows, you can introduce more of them as your confidence grows.

Take this manual to your meetings so you can refer to it if you need to. If you get lost while using a tool, it's OK to take a moment to find your place. The participants will probably appreciate your dedication to getting it right.

The SMART Recovery Handbook contains blank versions of the tools and exercises. Participants with Handbooks can use them at meetings. You may photocopy a blank exercise and worksheet to give to participants who don't have Handbooks.

The information presented here is a general guide to help you learn and understand how to teach and use the SMART tools. As you get more comfortable helping participants work with the tools, you'll get more creative in how you present them.

The next section is a general guide to help you learn how to introduce the SMART tools into your meeting. With practice, you'll likely find SMART tools to be versatile in their applications. Many people have discovered that SMART tools are more than just "recovery" tools and that they can be used in many areas of life.

With this flexibility, you can be creative in how you present the tools and use them in different situations. Many tools can "piggy back" on another, further enhancing and re-enforcing the desired result. Feel free to be creative, and have fun when presenting and working the tools.

As you read through the guidelines on presenting each tool:

- Things you write on the flipchart are in **BOLD**.
- Numbered points (1, 2, 3...) are instructions for you, the facilitator.
- Words in *italics* are things you say to the group. Avoid reading out of the book if you can — use your words; it's the overall message that counts, not the exact words.

NOTE: In the tool presentation guidelines and examples provided below, the addictive behavior is alcohol use.

## SMART Tools and the 4-Point Program®

Some tools are used in all points of the 4-Point Program, but here are the main uses for each tool.

**Figure 7. Using the Tools**

Tool	Point 1: Building and Maintaining Motivation	Point 2: Coping with Urges	Point 3: Managing Thoughts, Feelings, and Behaviors	Point 4: Living a Balanced Life
Cost Benefit Analysis (CBA)	X			
Hierarchy of Values (HOV)	X			
Priority List	X			X
Change Plan Worksheet	X			X
The 3 Questions	X		X	X
Brainstorming	X	X	X	X
Role Playing		X	X	
DEADS		X		
HALT the BADS		X		
DISARM		X	X	
DIBs (Disputing Irrational Beliefs)		X	X	
ABCs	X	X	X	X
Lifestyle Balance Pie				X
5 Things to Consider		X	X	X
Anger Management	X		X	X
Relaxation Techniques	X	X	X	X

## Cost Benefit Analysis (CBA)

On the flip chart, write:

1. **Drinking/Using/Doing** and the two subheadings, **Advantages/Benefits** and **Disadvantages/Costs** (see example below)

2. Ask participants what advantages they get from their behavior, and write them down:

*What are the things we get from the addictive activity? What does it do for you? What are the advantages of it? What does it provide?*

3. Then ask participants what are the disadvantages of their behavior are and write these down, or ask a participant to document the ideas on the flip chart:

*What are the disadvantages of the addictive activity? What are the things the activity affects in our life? What are the risks of continuing the addictive behavior?*

**Figure 8.1 Drinking/Using/Doing**

Benefits (Advantages)	Costs (Disadvantages)
Fun	Hangover
Relieves negative feelings	Damages health
Relieves stress	Damages relationship
Feel more confident	Lose job
Easier to socialize	Get arrested
Relieve pain	Money/finances
Life of the party	Lose home/lose family

Ask the participants and label each one:

*Which of the things last a short time or are short-term?*

*Which last a long time or are long-term?*

**Figure 8.2. Drinking/Using/Doing**

<b>Benefits (Advantages)</b>	<b>Costs (Disadvantages)</b>
Fun (ST)	Hangover (ST)
Relieves negative feelings (ST)	Damage health (LT)
Relieves stress (ST)	Damage relationships (LT)
Feel more confident (ST)	Lose job (LT)
Easier to socialize (ST)	Get arrested (LT)
Relieve pain (ST)	Money/finances (LT)
Life of the party (ST)	Lose home/lose family (LT)

1. Ask the participants to compare the costs and benefits:

*Take a minute and compare these two lists. What do you notice?*

2. Pause to get replies, then say:

*Did you notice the advantages only last as long as the drinking lasts, while the disadvantages and risks have long-term effects?*

*Do the short-term benefits justify the long-term costs? Does this motivate you to not drink or use?*

3. PAUSE for the participants to reflect, then say:

*When looking at this list, would you rate it generally as positive or negative? What might be alternatives in which to deal with the reasons we drink or use? What might be a better method to deal with negativity, stress, or to help us feel more confident? By exploring these various aspects, the CBA can help you build on your motivation to choose or stay in recovery.*

## **CBA, part 2**

Write down **Stopping** or **Not drinking/Using/Doing** and the two subheadings of **Benefits** and **Costs**.

1. Ask participants what the advantages of stopping their behavior are and write them down:

*What are the things we would get from stopping the addictive behavior? What will improve? How might stopping change how we feel about ourselves? Will it help with self-respect and confidence?*

2. Ask participants what the disadvantages of stopping their behavior and write them down:

*What disadvantages are there to stopping? What things will be affected by stopping? What are the risks of stopping?*

**Figure 9.1. Stopping or Not Drinking/Using/Doing**

Benefits (Advantages)	Costs (Disadvantages)
Improved health	Can't relieve stress (ST)
Better relationships	Can't talk to people as easily
Improves work/job safety	
Stay out of jail/prison	
Improves finances	
Relieve pain	
Life of the party	
Keep family	
Stay in home	
Increased self-respect	

**3.** Ask the participants and label each one:

*Which are going last a short time and are short-term? Which last for a long time and are long-term?*

**Figure 9.2. Stopping or Not Drinking/Using/Doing**

Benefits (Advantages)	Costs (Disadvantages)
Improved health (LT)	Can't relieve stress (ST)
Better relationships (LT)	Can't talk to people as easily (LT)
Improves work/job safety (LT)	
Stay out of jail/prison (LT)	
Improves finances (LT)	
Relieve pain (LT)	
Life of the party (LT)	
Keep family (LT)	
Stay in home (LT)	
Increased self-respect (LT)	

**4.** Then ask the participants to compare the advantages and disadvantages:

*Take a minute and compare these two lists. What do you notice?*



**5. PAUSE** to get replies, and then say:

*Do you notice there are no or very few disadvantages to stopping? Did you notice how much more positive this part is compared to drinking or using? What are your thoughts? Does this help you to want to stop the behavior?*

*By using the CBA tool, you're exploring the big picture of your life, thinking about the long-term consequences of the behavior. When thinking about using or drinking, we tend to only think about the short-term effects, that it will make us feel better or relieve the discomfort NOW.*

## Hierarchy of Values

The Hierarchy of Values helps participants identify discrepancies between their goals and their current behavior. Although many find it useful in each of the four points, it works best with individuals earlier in their recovery, or with those who are struggling with motivation.

**1.** Ask the participant these questions and write down their answers on the flipchart:

*What are the five most important things in your life? What are the values in your life you want to maintain and protect, what you work and live for?*

**2.** After you have written down five values, ask the participants where alcohol/drugs/activity goes on the list:

*What's missing? Where do alcohol, drugs or the addictive behavior go on this list?*

**3.** PAUSE to let participants think about this, then say:

*Isn't it true that when you're engaged in the addictive behavior, you're putting it above your goals and priorities, placing it above all these other things that are important to you?*

**4.** Draw an "X" through the listed values and write down **1. Addictive Behavior** at the top of the list. PAUSE to let this sink in, then say:

*People don't usually consider alcohol, drugs, or addictive behavior as the number one priority in their lives. But when we get involved with our addictive behaviors, it affects everything we value. We're treating these other things as being less important.*

**5.** DRAW arrows from the addictive behavior down and around to each value listed.

*When we're thinking about having a drink or using drugs, we aren't thinking about the long-term consequences of the behavior. We aren't thinking of the damage it will cause to the things most important to us. The good news is once we stop, we can put abstinence at the top of this list.*

**6.** DRAW a line through the alcohol/drugs/activity and write down **Abstinence** at the top of the list. PAUSE for the participants to consider this, and then say:

*By looking after our Abstinence, we automatically look after ALL of the values that are important to us (point down and around each of the values listed).*

*The Hierarchy of Values is a list we can make when we're thinking clearly — when we can put Abstinence at the top. When you get an urge or feel down, you may not be thinking clearly. If that happens, take this list out of your wallet or purse and remind yourself of what's important, what you thought when you were thinking clearly. This can help you refuse to give into an urge and wait until it passes, reminding yourself the urge will only last 10-20 minutes.*

## Priority list

Draw three vertical lines on the flipchart to create four columns. Label the columns as shown by the bold headings below and describe each one as shown by the italic text.

The rest of the table is an example of what it might look like. You'll usually do this for one participant, then offer them the flipchart sheet to take home.

**Figure 10. Priority List**

<i>List the important things in your life, with the most important first.</i>	<i>What effect does the addictive behavior have on this priority?</i>	<i>What steps can you take to achieve this goal?</i>	<i>If those steps aren't effective, what other options do you have?</i>
<b>Most important things</b>	<b>Effects addictive behavior has on priority</b>	<b>Steps to achieve goal</b>	<b>Other options</b>
1. Family	They hate it when I drink I argue and get mean	Stay sober Seek help from doctor, therapist, etc. Go to meetings	Talk to a sober friend Go to online meetings Make a date to stop
2. Health	Avoid doctor No appetite Damaging my liver Ruins my general health	See doctor and stop drinking Cook meals Go for walks Start swimming	Write a change plan Snack on fruit Go walking with dog Go swimming with kids Join health club
3. Work	A lot of sick days because of hangovers Lost job Lack of confidence or ambition to look for work	Stay sober Take time to work on being sober Get physically fit Create a routine and stick to it	Rewrite resume Get references from past employer Take a training course Volunteer work
4. Money	Spend too much on alcohol and cigarettes Lost job and pay check Overdraft charges Spent savings	Stop drinking and smoking Look for job Arrange for minimum payments on debts Try to save	Go to job fairs, search websites for jobs Sign up on LinkedIn and other professional websites Do small jobs for cash Apply for additional benefits Consider any paying jobs

## Change Plan Worksheet

1. Write down the headings below on the flipchart.
2. Encourage a participant to say a change they want to make, then start going through the process. Encourage other people to participate. You might want to prepare this on a flipchart in advance, or copy blank worksheets from the Handbook.
3. At each step, DISCUSS how the step can help. After finishing the exercise, GIVE the flipchart paper to the participant whose change you were working on.

**Figure 11. Change Plan Example**

<b>The changes I want to make are:</b> Be abstinent for a week and go to relatives in a week. I want to be sober. I want to eat better. I want to sleep better. I want to avoid going to the bars.	
<b>How important is it:</b> <i>that I make this change (rate out of 10)</i>	10
<b>How confident am I:</b> <i>that I can make this change (rate out of 10)</i>	7
<b>The most important reasons why I want to make these changes are:</b> <ul style="list-style-type: none"> <li>• My health is failing.</li> <li>• I want my kids back</li> <li>• I want to keep my job.</li> <li>• I want to keep a good relationship with my ex-wife.</li> </ul>	
<b>The steps I plan to take in changing are:</b> <ul style="list-style-type: none"> <li>• Review SMART materials</li> <li>• Plan to phone my friend, go for a walk or swim when urges get unbearable</li> <li>• Get exercise to sleep better</li> <li>• Get some healthy food in and try to make a nice meal</li> <li>• Fill in my time with relaxing activities</li> </ul>	
<b>The ways other people can help me are:</b>	
<b>Person</b> <ul style="list-style-type: none"> <li>• Friend</li> <li>• Parents, siblings</li> <li>• Doctor</li> </ul>	<b>Possible ways they could help me</b> <ul style="list-style-type: none"> <li>• Can phone when not feeling good</li> <li>• Can phone when not feeling good</li> <li>• Can see and ask about getting something to help me sleep and check on my blood pressure</li> </ul>
<b>I will know my plan is working if:</b> I stay sober, get some sleep and eat better. I make it to work on time. I do not go near the bars. I see my doctor.	
<b>Some things that could interfere with my plan are:</b> <ul style="list-style-type: none"> <li>• Seeing a drinking friend and being pressured to go for a couple of beers</li> <li>• Starting to drink at all</li> <li>• Staying in and not doing any exercise or not eating properly</li> <li>• Not going to the SMART meeting</li> </ul>	

## The 3 questions

1. Write down these three questions and discuss:

1. **What do I want?**
2. **What am I doing?** (to help me get what I want)
3. **How do I feel?** (about what I am doing and what I want)

2. Say:

*Answering these questions can help motivate you and help you focus on achieving the change you want to make. You can use how you feel to change what you do so you can get what you want.*

3. Ask the participants to suggest answers to each question:

*Think about your answers. Would anyone like to share theirs?*

4. Write down their answers.

5. DISCUSS with the participants:

*What do I want?*

*What am I doing?*

*How do I feel?*

**1. To be abstinent**

**2. Getting drunk or using**

**3. Guilty and depressed**

6. After working through someone's example, say:

*If you aren't getting what you want, what do you think you need to do to get that?  
What could you do differently to get what you want?*

7. Pause, then ask:

*Would that help you feel better? If you felt better, would it help you to do this different thing? How would feeling better and doing this make it easier to get what you want?  
What things might get in the way of doing things this way?*

## Brainstorming

1. Ask for a problem the group, or take one from the agenda.

*Does anyone have a problem or issue the group can help with? Who would like to help by writing the suggestions down?*

2. Write down the problem at the top of the flipchart (e.g., *having to attend a wedding reception and friends who use will be there*) and say:

*We'll go around the room asking everybody to share an idea, regardless of how wild it is. You may provide an idea or say, "pass."*

3. Ask the volunteer to write down each idea. Continue around the room until there are no additional suggestions. Once suggestions from the participants dry up, ask the volunteer to read through the list and say:

*If anyone wants suggestions clarified, just ask now.*

4. With the help of the participants, ask the participant who submitted the issue:

*Can we discuss these and prioritize these suggestions from 1-10, with one being the best?*

5. Write down 1-10 next to each of the suggestions. Offer to give the flipchart page to the participant who voiced the issue.

## **Example**

### **Going to a wedding where there are free drinks and worried about peer pressure.**

- Prepare a list of substitute drinks.
- Have a planned exit strategy.
- Plan not to drink.
- Practice role-playing of asking for a soft drink when someone asks what you want to drink.
- Arrange to arrive late and leave early.
- Offer to be the designated driver so you cannot drink.
- Just say you cannot go.
- Take a friend who doesn't use with you.
- Get a prescription for Antabuse.
- Don't bring money if it's a paying bar.
- Arrange to be the entertainment and borrow a DJ rig.

## **Role playing / rehearsal**

1. Say to participants:

*We can role-play to practice a new behavior that will replace an unwanted behavior, or we can work through an upcoming event or situation, such as a job interview.*

*Does anyone have an event coming up you feel anxious or negative about?*

2. Ask for a volunteer from the group to act out the role(s) of the other people who will be a party to the event in question:

*Who would like to volunteer to act out the role(s) of the other person/people in this scenario?*

3. Ask if they have questions, describe the scene and then ask them to start:

*Any questions before we start?*

*This is the scene:*

*Let's get started! Off you go...*

4. Allow the role-play to proceed through the scenario.
5. Ask them to repeat the scene until it has covered all likely outcomes.

*Let's do this again and cover another possible outcome, where the other person behaves differently.*

6. Ask them to swap roles or get someone else to play the role of the person who the role playing is for:

*Let's swap roles. Would someone else want to play the role of \_\_\_\_\_?*

### **Example**

This scenario involves two people: the person who is going to a wedding and another person who pretends to be another guest or the host at the wedding.

Host: *Would you like some champagne?*

Guest: While looking at the host, making eye contact: *"I would like something to drink but something nonalcoholic, please. Do you have soda or juice?"*

Host: *Come on, have a real drink! This is a wedding!*

Guest: *No thanks. I'm the designated driver.*

Host: *I don't believe you... I know how much you love your booze! Come on. What can I really get you?*

Guest: *I don't drink anymore. And, even if I did, I wouldn't because I have to drive. A Coke will be fine, but I'll be happy to get it myself. Enjoy the wedding!*

## **Shoot Urges Down DEADS**

1. Write down each of the following and EXPLAIN:

### **D = Deny/Delay**

*Refuse to give into the urge NO MATTER WHAT and delay acting on it. Remind yourself, repeatedly if necessary, THIS urge will pass in 10-20 minutes.*

### **E = Escape**

*If you know what is causing the urge, like you're driving by a bar, a dealer's house, a casino, etc., remove yourself from the source quickly — run if you have to — and wait for the urge to pass.*

### **A = Avoid**

*You can keep track of your urges with an Urge Log. Urges can occur as part of a daily routine or weekly pattern, and are usually associated with something — a person, place, thing, etc. If you know in advance you'll be in an urge-producing situation later in the week or month, PLAN to avoid it by using a Weekly Planner.*

**A = Attack the urge using a tool**

*What tools and strategies have you used to get through an urge? Perhaps DISARM, DIBs, REI, Urge Surfing, or an ABC? What kind of success have you had with these? How did they help?*

**A = Accept the urge**

*Tell yourself the urge will pass soon and if you don't give in to it, the next urges will be less intense and come on less often.*

*Sit down quietly and allow yourself to feel the urge build and then fade away.*

**D = Distract**

*Do something — go for a walk, meditate, read a book, watch TV, clean your house. Do anything to put your mind on something else. Make a list of activities you could do to distract yourself. When you get an urge, take out the list — or make the list while you're feeling the urge — choose an activity and do it, no matter how you feel. Sometimes you can enjoy an activity once you start it. Very often, motivation follows action.*

**S = Substitute**

*Substitute the harmful behavior with a healthy activity. Exercise, go shopping, prepare a meal, have a cup of coffee or a refreshing drink. You can substitute an irrational belief ("this urge will kill me") with a rational one ("this urge is bad but it won't kill me and it will pass").*

*You can drink soda and lime, root beer, ginger beer or ginger ale instead of a beer. You can take your dog for a walk instead of drinking a bottle of wine. You can go swimming instead of smoking a joint or snorting a line of cocaine.*

2. Ask the participants which strategy works for them:

*Has anyone used any of these? How do you do it and how does that work for you?*

**HALT the BADS**

1. Write down **HALT** and **BADS**:

**HALT:** Hunger, Anger, Loneliness, Tiredness

**BADS:** Boredom, Anxiety, Depression, Stress

2. Ask participants:

*Have you noticed the feelings of HALT or BADS result in an urge? Does anyone have an example to share and how it affected you? What were your thoughts? What did it make you want to do? How did you deal with it?*

3. Then say:

*Recognizing and dealing with hunger, anger, loneliness and tiredness can help you identify and change some less obvious conditions that can cause urges. Other conditions or emotions like boredom, anxiety, depression and stress can also be*



*a source of cravings and urges. If you learn to recognize these states when they're happening, it can give you the power to address them before they lead to urges.*

**4. Ask participants:**

*How have you successfully dealt with these?*

**5. Write down suggestions on the flipchart, then say:**

*Eating, calming down, calling a friend and getting rest can help with HALT.*

*Doing something fun, something that occupies your mind, doing something simple for others and doing something relaxing can help with BADS.*

*When an urge surfaces and you're not sure why, try to figure out if you're feeling HALT OR BADS. If you are, you might go for a walk, drink a cup of tea, read a book, eat a healthy snack, take a nap, watch a funny movie, call a friend, paint the kitchen, etc.*

*If you experience any of these, do what you can to deal with them. If you're depressed, you may want to talk to your doctor or therapist about it.*

## **DISARM**

**1. Write down **DISARM** vertically on the flipchart, then fill-in its meaning:**

**D**estructive

**I**magery

**S**elf-talk

**A**wareness

**R**efusal

**M**ethod

**2. Say:**

*DISARM is a tool which can help you recognize the self-talk and images that may lead you to use. This tool helps you understand they are lies, excuses, and rationalizations. DISARM allows you to challenge urge-producing thoughts at every opportunity, reducing them to the point of unhelpfulness or even absurdity.*

*For example, ...*

**3. Ask participants:**

*What are some of the destructive images you've encountered that resulted in an urge to use? Does anyone have examples to share? How did it affect you? What did it make you want to do?*

**4. Then ask:**

*How does negative self-talk affect you? Does anyone have examples to share? What did it make you want to do?*



5. Then say:

*EVERYONE — not just people with addictive behaviors — experiences thoughts, urges, or other impulses, which, if allowed to happen, would harm their long-term interests. Realizing what we think or believe about urges and changing the distorted thinking is crucial to success.*

*By becoming aware of the destructive images and self-talk — the images and thinking that can sabotage our long-term goals — we can refuse to go along with them. While we can't stop the thoughts or feelings — including strong urges — from occurring, we can learn to recognize them and how to DISARM them so we can walk away from the situation or get involved with something other than focusing on the urge*

## Disputing Irrational Beliefs

This exercise helps participants understand the concept of irrational beliefs and get better at replacing them with rational beliefs.

1. Write down and say:

**An Irrational Belief (IB) is:**

- **Not True** – *It's unrealistic, with no evidence to support it*
- **Doesn't make sense** – *Illogical*
- **Harmful** – *It does not help us in the long run*

**A Rational Belief (RB) is:**

- **True** – *Realistic and supported by evidence*
- **Makes Sense** – *Logical*
- **Helpful** – *Helps us get what I want in the long run*

2. Say to participants:

*It helps to learn how to replace inaccurate, irrational beliefs with balanced rational beliefs. We can get to the more rational belief by turning the unhelpful irrational belief into a question and then answering it. The answer often provides a more balanced rational belief that can replace the inaccurate irrational one.*

3. Brainstorm with participants:

*What are some of the inaccurate thoughts you've had when wanting to engage in an addictive activity?*

**NOTE:** If the group doesn't come up with many examples, you may suggest some, or use those provided below.

4. Go through each of the suggested irrational beliefs and invite participants to work out the question and dispute.
5. After getting the more rational belief, LABEL the more rational belief (RB)

## Disputing Irrational Beliefs Examples

### ***Urges are unbearable and I cannot stand them.***

Q: Are urges unbearable?

A: No. Urges are unpleasant but they will not kill me, I can stand them and they are bearable.

### ***Urges make me use.***

Q: Do urges make me use?

A: No. Urges don't make me use. I choose to use, so, I can choose not to.

### ***Giving into an urge will cause no harm.***

Q: Will giving in to the urge cause no harm?

A: No. Giving in and using will threaten my health, my relationships, and my job. I might even get into a fight and get arrested again.

### ***I will just have one.***

Q: Will I just have one?

A: Maybe, but probably not. I never just have one. I'll just get drunk again.

### ***I cannot cope without using.***

Q: Can I cope without using?

A: Yes. My life is actually better when I'm not using. It may not always be easy, but I can cope just fine.

## Example

To help participants practice DIBS, you can write these irrational beliefs on the flipchart to let the group dispute them with a question and a rational belief response.

- I'm useless and worthless.
- I'm a complete failure. I will always fail.
- I'll never be able to stop.
- My partner is useless.
- My partner doesn't help. He/she wants me to fail.
- Nothing good ever happens to me and it never will.
- Life is unfair. I was born unlucky.
- Life is terrible. It will never get better.

## The ABCs

1. Using an actual example or issue from the meeting, say to the participants:

*The ABC tool can help you change the emotional consequences of a situation by changing your beliefs about the situation. Can we walk through an ABC on this issue?*

2. Assuming they agree, ask the participant with the issue the following questions about the issue, and write down the Consequences at **C**:

*Think of the consequences of this event. How exactly did you feel?*

*What was the particular negative emotion?*

*What did you do or want to do? How bad was the urge?*

3. Ask the following questions and write down the activating event or adversity at **A**:

*Think of the activating event. What was the situation that led to how you felt?*

*What was the single most upsetting thing, the adversity, about this situation?*

4. Ask the following questions and write down the beliefs at **B**:

*Think about your beliefs about the event. What were you telling yourself about the adversity that led to how you felt? What were the demands you were making in those thoughts?*

5. Say to the Participant:

*Which of these were actually irrational beliefs?*

*Now let's turn each of these into a question.*

*What is the answer to that question?*

6. DISCUSS the answer and get the thought into a more balanced belief. Write the more balanced belief as the dispute at **D** and then say:

*Think about these more rational beliefs. How do they make you feel? If you think these thoughts about the activating event at A, what changes?*

7. PAUSE for the participant to reflect on the rational beliefs and ask:

*Do you find these new thoughts to be more accurate and helpful to you? Do you feel they are true? How does that make you feel differently about the activating event? What would you do differently from what you originally wanted to do at C?*

8. Write these feelings and what they want to do differently down at **E** and say:

*Feeling this way and wanting to do these different things are the effect of changing your beliefs about the activating even. We can change how we feel and how we act by changing what we think about something.*

**Figure 12. ABC Example**

A	<p><b>Activating event</b> — What was the situation leading to the negative emotion?  <i>Walking on a warm, sunny day after a long, cold winter. Everyone was outside drinking and enjoying themselves, laughing with their friends and families.</i></p> <p><b>Adversity</b> — What was the single most distressing thing about the event?  <i>I can't do what they're doing and have a good time.</i></p>
C	<p><b>Consequences of irrational beliefs</b></p> <p><b>Unhealthy negative emotion</b> — Anger, guilt, depression, anxiety, shame, hurt, unhealthy envy, jealousy  <i>Unhealthy envy leading to extreme anger.</i></p> <p><b>Inappropriate behavior</b> — How I want to behave / how I behaved. Rate the urge on a scale of 1-10.  <i>A massive urge (10) to drink and get very drunk. I never want to go downtown again in case I get an urge to get drunk.</i></p>
B	<p><b>Belief about the event</b></p> <p><b>Irrational Belief</b> — What is the demand, awful, can't stand it, self/other/life downing?  <i>I really want to have a drink, too, and I <b>should</b> be able to have a great time just like everyone else! I can't stand it if I'm left out.</i></p>
D	<p><b>Dispute the Irrational Belief</b></p> <p><b>Rational Belief</b> — Think of the preference, anti-awful, can stand it, self/other/life acceptance  <i>I really want to have a drink, too, but I don't have to have a good time like everyone else. While I don't like being left out, it won't kill me if I am, so I <b>can</b> stand it.</i></p>
E	<p><b>Effective thinking change</b></p> <p><b>Healthy negative emotion</b> — Annoyance, remorse, sadness, concern, disappointment, sorrow, healthy envy, jealousy.  <i>Healthy envy and anger.</i></p> <p><b>How I want to behave/how I behaved</b> — Act assertively, deal with problem and remain abstinent. Rate the urge on a scale of 1-10.  <i>An urge to drink that I can manage (5) along with a strong desire to <b>not</b> drink and let the urge pass. I'll stop and have a soft drink.</i></p>

**Figure 13. ABC Worksheet**

<p>Think of the Activating event, the “A.”          What was the situation leading to how you felt? What was the single most upsetting thing about the situation?</p>
<b>A</b>
<p>Think carefully about the Consequences of this event, the “C.”          How did this make you feel? What was the negative emotion? Did you feel anger, anxiety, depression, guilt, shame, hurt, envy or jealousy? What did feeling this way make you do or want to do?          Did you want to avoid it, act angrily and seek reassurance, or drink or use? How bad was the urge? (Rate the urge on a scale of 1-10.)</p>
<b>C</b>
<p>Think about your Beliefs about the event, the “B.”          What were you telling yourself about the Activating event/Adversity to make you feel this? What were you demanding? Was a “MUST” or “SHOULD” placed on yourself or others?          Was it something deemed to be “Truly Awful” or “Unbearable” or were you putting yourself, others, or life down?</p>
<b>B</b>
<p>Dispute the belief, the “D.”          Turn the belief(s) into a question and answer it. What answer to this question is a more balanced rational belief (RB)?</p>
<b>D</b>
<p>Continue to think of these more rational beliefs until you feel they make sense, the Effective Thinking Change, the “E.”          How does that make you feel different then how you felt at C? What does feeling this way make you want to do instead?</p>
<b>E</b>

## Lifestyle Balance Pie

1. DRAW a large circle on the flipchart and then say to the participants:

*You can do the Lifestyle Balance Pie exercise at home. You use this with your Hierarchy of Values. Let's say this circle represents your life. Thinking of your life as a pie, divide it into as many slices as you have values, then label each piece with one of your values from your Hierarchy of Values. For the purposes of discussion, we'll just divide the pie into 3 slices to represent the following areas of life values:*

**Self-maintenance:** *The things you do to maintain yourself — work, shopping, cooking, etc.*

**Self-development:** *The activities you do to educate or challenge yourself.*

**Fun:** *The activities you do to relax and enjoy yourself with family and friends.*

2. Divide the circle into three sections, and label with **self-maintenance**, **self-development**, and **fun**, and explain what activities might go in each section.

3. Within each slice, draw another line as a ruler and say:

*Think of the pie's outer edge as being completely satisfied (10) and the center as being totally dissatisfied (0).*

4. Ask the group members:

*Think about how you would rate your level of satisfaction in each of these areas? Would anyone be willing to share theirs as an example to use for the group?*

5. After completing the rating for each section, connect the dots to create a new outside perimeter and discuss the results:

*What does the life pie look like? Is it round and full, and ready to put on the table for everyone to see? Or does it look like there have been bites taken out of it?*

*Think of it as being the tires on your car. What would the ride be like? Would it roll along smoothly and effortlessly? Or would it be rough and bumpy?*

*When looking at your lifestyle balance pie, ask yourself (and answer) the following questions:*

- Am I living a balanced life?
- Are my true values and priorities reflected here?
- If I had one month left to live, is this the way I would be spending my time?
- Am I involved in too many activities? Is there too much on my plate?
- How much of my time is spent caring for others? For myself?
- Are there areas of my life that need more of my attention?
- Is there a dream or desire that keeps being put off that I'd like to focus on?
- What area(s) needs more attention? Where is less attention needed?
- What changes do I want to make? What can I do to "round out" my life?

*To move toward a more balanced life, provide more time for those pieces missing from your pie. Focus on the complete picture of your life, not just specific areas. "Living a balanced life" is all about the complete picture.*

## The 5 Things To Keep An Eye On

1. Write down **The 5 Things** on the flipchart.

**Am I keeping an eye on these? How am I?**

1. **Thinking?**
2. **Feeling?**
3. **Behaving?**
4. **Spiritually**
5. **Physically**

**2.** Discuss each heading with the participants.

*By examining these five things, you get a clearer picture of any imbalances and it becomes obvious where focus is needed to achieve a more balanced lifestyle.*

*Am I Thinking, Feeling, and Behaving OK? Are these first three areas OK?*

**3.** PAUSE and then ask:

*If not, what can I do to work on these?*

**4.** Discuss with the participants any issues brought up. When finished with the first three, ask and discuss:

*How am I doing spiritually? This could be related to art, music, theatre, reading books, or religion. Am I feeding and nurturing my soul?*

**5.** When finished with Spirituality, say:

*Let's now look at "How am I physically"?*

*What we eat, how much we rest, how much stress we have, and our moods can affect both our body and brain chemistry. For example, feeling depressed or not eating affects our blood sugar and can lead to feeling sad and physically tired. Not getting enough exercise can contribute to depression and leave us lethargic.*

*Ask yourself, "Am I thinking well and feeling physically fit? Is my diet and mood good enough not to affect how I feel and think?"*

- 1.** Discuss with the group any issues someone might have.
- 2.** Offer to brainstorm any solutions to help with balancing these out.

*Would you like the group to offer suggestions with this?*

- 3.** Offer the "5 Things" and brainstorming sheet to the individual with the issue:

*Would you like to take this sheet?*

## Anger Management

- 1.** The Facilitator can do this for the whole group while focusing on the individual who asked for help with this.
- 2.** Write down the points (in bold) on the board and say to the participants:

*Try to focus on the physical sensations produced by anger. While it may seem unhelpful, tuning into the way your body feels when you are angry often lessens the emotional intensity of your anger.*

- **Take some deep breaths**

*Deep and slow breathing helps to counteract rising tension. The key is to breathe deeply from the abdomen, getting as much fresh air as possible into your lungs.*

- **Exercise**

*Going for a brisk walk or a swim is a great idea. If you have a dog, you could take it for a walk. Gentle exercise can release any pent-up energy, allowing you to look more rationally at what is making you angry.*

- **Use your senses**

*Take advantage of your sense of sight, smell, hearing, touch, and taste. You might listen to music or picture yourself in a favorite place; take a hot bath or try some aromatherapy; go to a bakery and get some fresh doughnuts.*

- **Stretch or massage areas of tension**

*Roll your shoulders and your head if you are tensing them. Gently massage your neck, scalp, and temples.*

- **Count 10 breaths**

*Focus on the actual counting and the physical sensation of your breathing to let your rational thinking catch up with your feelings. On each out-breath, count 1, 2, 3, and so on, up to ten. When you get to ten, go back to one – keep going until you have calmed down. This exercise helps you be aware of your feelings, watching them without acting on them until they subside.*

3. Ask the participants for their suggestions on how they calm down and write these down on the flipchart:

*What things do we do that help us to calm down when angry?*

4. Offer the suggestions sheet to the individual with the issue addressed:

*Would you like to take this sheet?*

## **Relaxation techniques**

While meditation is not a part of the SMART Recovery program, here are a couple of approaches to relaxation you may present to your meeting participants. Doing these in a group setting can be useful and offer something for them to try again at home.

### ***Guidelines for using awareness and relaxation techniques in meetings***

The use of these exercises in meetings is optional. If your participants consent to using them, introduce them slowly. SMART suggests using them no more than once a month, although a group might decide to do this more or less often after a trial. If you do use them, use them at the end of a meeting or as that day's tool or technique rather than incorporating them into the regular structure of the meeting.

Describe these techniques as experiences that increase the capacity for self-awareness or relaxation instead of “mindfulness” or “meditation.” Those labels can have technical definitions, require high levels of skill and training, and can refer to professional therapeutic practices.



We suggest that participants try several techniques, and choose one or more for practice as an important aspect of lifestyle balance. But, just as we encourage participants to get enough sleep, good nutrition, and regular exercise, we don't do these activities in meetings. Similarly, we don't devote much meeting time to awareness or relaxation exercises; however, we do consider this type of experience highly valuable in recovery.

You can direct participants to review awareness and relaxation material on the SMART website.

## **Counting 10 breaths**

*Sit in a comfortable upright posture, with a straight back. Try not to slouch as it affects your breathing.*

*Breathe in and out through your nose. Notice how your diaphragm and stomach expand at the same time as you breathe in. Put a hand on your stomach to get a sense of this sensation. Take three long deep breaths and notice how this feels.*

*Now, let your breath settle into its normal rhythm. On the out breath, silently count "one." On the next out-breath, count "two," etc. When you get to 10, start over at one. Don't worry if you lose count — just start back at one. Go back to the counting and notice the physical sensation of your breathing. Notice any distracting thoughts and go back to counting your breaths.*

*Do this for the amount of time you decide in advance, and try not to give up early. If you decided on 10 minutes, notice any thoughts that might argue for you to stop after five minutes, but try not to act on them.*

*This exercise helps you become present and to learn how to let emotions and thoughts pass without reacting to them.*

## **Progressive Muscle Relaxation (PMR)**

*PMR helps condition your body to respond when your muscles are tense. You can do this either lying down or sitting in a chair.*

*Tense each muscle group, holding it for about 10 seconds and then relaxing. This will help you feel the muscle group in a tense state, and then a relaxed one. Start from your head and work down to your feet. Following are some examples of how to tense different muscle groups.*

<b>Head</b>	<b>Thighs, Calves, Ankles and Feet</b>
Wrinkle your forehead.	Tighten your thigh muscles, trying not to involve abdominal muscles.
Close your eyes tightly.	Tense the calf muscles.
Open your mouth wide.	Point your toes out directly in front of you, feeling the tension in your ankles.
Push your tongue against the roof of your mouth.	Curl your toes under, as if to touch the bottom of your feet.
Clench your jaw tightly	Bring your toes up, as if to touch your knees.

## **Visualization**

*You can reduce stress with your imagination.*

*Go to a quiet space or place in your mind. Close your eyes and imagine your own quiet and relaxing place. Imagine entering into your quiet, safe, and relaxing place, alone. Make it peaceful, comfortable, and safe.*

*Fill your place with the details of what you hear and smell, and what you're sitting or lying on. Imagine the quiet noises and smells you find comfortable.*

*Fill this room with as much detail as you can, with the things that make you feel relaxed and comfortable. Imagine someone else is there with you and they are relaxed and comfortable, too.*

*Breathe slowly, letting your body relax.*

## **Massage**

Don't use this one in your meeting, but suggest it as another relaxation option.

*Massage can help you relax by increasing blood flow to tense areas like shoulders, back and neck.*

## **Music**

*Listen to some soothing and calm music, as music can help you relax and unwind.*

## **Exercise**

*Physical activity can help relieve tension and refresh you. Most experts suggest exercising 30 to 45 minutes at least three days a week. Make sure the activity is not too strenuous if you have not exercised for a while.*

*Walking is a great exercise and stress reliever.*

*Periodic breaks throughout the day, such as a brisk walk or going for a swim can rejuvenate the body and make a person feel more positive and productive.*

## **Presenting the tools in new meetings**

So far, we've gone through each tool and how you can present and use them in meetings. Now we'll provide you a sequence of scripts for your first eight meetings. Handouts that cover many SMART tools and the 4-Point Program are included.

While you may use handouts at any time, in a new meeting they can be especially helpful. If you're starting a meeting in which all or most of your participants are new, you may wish to use handouts to help them understand SMART Recovery.

You may choose to use only some handouts, or to use them in a different sequence. If you use all of them, you'll cover most of the *SMART Recovery Handbook* (3<sup>rd</sup> edition), so have several Handbooks for participants to buy.

These scripts use around-the-circle exercises to engage participants in the discussions. You may conduct discussions in other ways if you want. You can introduce these handouts after your first meeting, repeat them until your meeting has some regular participants, or repeat them indefinitely.

Meetings based on these scripts will still include the Welcome, Check-in, Pass the Hat, Pass the Brochure, and Checkout. After Check-in, these scripts replace the typical Agenda Setting and Discussion portion of the meeting.

When using a script, bring it to your meeting with copies of the handout for participants. Ideally, each participant will buy a copy of the Handbook so they'll already have the handout to use.

Whether you use these scripts or not, remember to be friendly and have fun. It's exciting to watch new participants learn about SMART Recovery. If you cover all of the scripts and have a significant number of returning participants, by your ninth meeting, your participants will understand SMART Recovery pretty well. As a result, discussions will be richer and more helpful to all involved — including you.

A few tips to do at each meeting:

- Smile at and thank each person after they speak
- When you come to the end of a discussion, you can prevent ending it prematurely by staring at the floor in the center of the room for five seconds before introducing another exercise
- If you still need more exercises after the tool discussion ends, use other round-the-circle exercises, or have a backup handout

## 1st meeting

### ***Discussion (do as many exercises as you need to fill time)***

*Today/tonight, we're going to focus on the SMART Recovery Tool called the Hierarchy of Values. I've passed out a handout to those who don't have Handbooks. If you do have a Handbook, this tool is on page 14.*

*We'll start by reading silently on page 14. When you get to Figure 3.1, fill in that box. If you don't have something to write with, I have pens or you can use your mobile device. (Allow time for people to make HOV list.)*

- 1. Let's go around the circle to talk about what's on our lists. Feel free to pass.*
- 2. Now, let's now read down to the 3 Questions exercise. Please answer these questions. (Allow time to do so.)*

*Let's go around the circle again and take a few minutes to share how you answered these questions.*

*3. Now, let's go to the top of page 16. Write down your answers to questions 4 and 5. (Allow time to do so.)*

*Let's go around the circle and share your answers, if you want to.*

*After everyone shares their answers, say: Thanks everyone. What did you learn from what you said and heard?*

Remember to:

- Smile at and thank each person after they speak
- When you come to the end of a discussion, you can prevent ending it prematurely by staring at the floor in the center of the room for five seconds before introducing another exercise

If you still need more exercises after the tool discussion ends, use other round-the-circle exercises, or have a backup handout.

## **2nd meeting**

### **Discussion**

*Today/tonight, we're going to focus on the SMART Recovery Tool called the Change Plan Worksheet. If you have a Handbook, it's on page 17.*

*Let's start by silently reading page 17. After you're done reading, fill out the worksheet on page 18. I have pens if you need something to write with, or you can use your mobile device. (Allow time)*

*1. Let's go around the circle — you may pass if you want — and talk about the answers you wrote in the boxes. Please take a few minutes to share your answer to the first box, changes I want to make. You may pass if you want.*

*2. Let's go around the circle again and talk about the next box, how important making these changes is to you.*

*3. Now, let's do the third box the same way, how confident you are you can make this change or changes.*

*4. The next box is, How will you know your plan is working?*

*5. And, let's end with, What could interfere with your plan?*

*After everyone shares their answers, say: Thanks everyone. What did you learn from what you said and heard?*

Remember to:

- Smile at and thank each person after they speak
- When you come to the end of a discussion, you can prevent ending it prematurely by staring at the floor in the center of the room for five seconds before introducing another exercise

If you still need more exercises after the tool discussion ends, use other round-the-circle exercises, or have a backup handout.

### 3rd meeting

#### **Discussion**

*Today/tonight we're focusing on the SMART Recovery Tool called the Cost Benefit Analysis. I've passed out the CBA handout. If you have a Handbook, turn to page 19.*

*After you silently read page 19, fill out the CBA on page 22. I have pens if you need one, or you can use your mobile device. (Allow time)*

- 1. Like we've done before, let's go around the circle and talk about what you wrote in the upper left box, the benefits of using or doing. Who wants to share their answers? Remember, you may pass if you want to.*
- 2. Next let's do the upper right box, the costs of using or doing. What are these costs?*
- 3. Who would like to share what they wrote in the lower left box, the benefits of not using or doing.*
- 4. Last, let's talk about what you wrote in the lower right box, the costs of not using or doing.*

*After everyone shares their answers, say: Thanks everyone. What did you learn from what you said and heard?*

Remember to:

- Smile at and thank each person after they speak
- When you come to the end of a discussion, you can prevent ending it prematurely by staring at the floor in the center of the room for five seconds before introducing another exercise

If you still need more exercises after the tool discussion ends, use other round-the-circle exercises, or have a backup handout.

### 4th meeting

#### **Discussion**

*Today/tonight, let's focus on part of the SMART Recovery Tool for coping with urges. I have passed out a handout. If you have a Handbook, turn to page 25.*

*Let's start by reading down to the first pair of unrealistic and realistic beliefs. (Allow time)*

*1. Let's go around the circle and share your thoughts on that first realistic belief. How accurate does that belief seem to you?*

NOTE: Remind participants that these realistic beliefs are only suggestions, and that SMART's slogan is "Discover the Power of Choice." What they think about each belief is up to them.

*2-8. Let's talk about the next realistic belief. How accurate does that belief seem to you?*

After everyone shares their answers, say: *Thanks everyone. What did you learn from what you said and heard?*

Remember to:

- Smile at and thank each person after they speak
- When you come to the end of a discussion, you can prevent ending it prematurely by staring at the floor in the center of the room for five seconds before introducing another exercise

If you still need more exercises after the tool discussion ends, use other round-the-circle exercises, or have a backup handout.

## 5th meeting

### Discussion

*Today/tonight, we're going to focus on part of the SMART Recovery Tool for coping with urges, the DEADS strategy. I have passed out a handout. If you have a Handbook, turn to page 36.*

*Start reading at "Strategy: Defeat urges with DEADS," and read until you get to the worksheet that begins near the top of page 37. Then complete the worksheet. I have pens, or you can use your mobile device. (Allow time)*

*1. Let's go around the circle and talk about the first strategy, the "D." Briefly, what are your answers to these questions? You may pass if you want to.*

*2-5. Let's do the next strategy. Briefly, what are your answers to these questions?*

After everyone shares their answers, say: *Thanks everyone. What did you learn from what you said and heard?*

Remember to:

- Smile at and thank each person after they speak
- When you come to the end of a discussion, you can prevent ending it prematurely by staring at the floor in the center of the room for five seconds before introducing another exercise

If you still need more exercises after the tool discussion ends, use other round-the-circle exercises, or have a backup handout.

## 6th meeting

### Discussion

*Today/tonight, we're focusing on part of the SMART Recovery ABC Tool, which helps us cope with irrational beliefs. I have passed out a handout; it's page 47 in the Handbook.*

*Read down the first row, which has an irrational belief, a way to question that irrational belief, and a suggested rational belief. (Allow time)*

*1. Let's go around the circle and talk about that first rational belief. How accurate does it seem to you? You may pass if you want to.*

NOTE: In this discussion it may be necessary to remind participants that these rational beliefs are only suggestions, and that our slogan is "Discover the Power of Choice." What they think about each belief is up to them.

*2-11. Let's do the next rational belief. How accurate does that belief seem to you?*

After everyone shares their answers, say: *Thanks everyone. What did you learn from what you said and heard?*

Remember to:

- Smile at and thank each person after they speak
- When you come to the end of a discussion, you can prevent ending it prematurely by staring at the floor in the center of the room for five seconds before introducing another exercise

If you still need more exercises after the tool discussion ends, use other round-the-circle exercises, or have a backup handout.

## 7th meeting

### Discussion

*Today/tonight, we're focusing on part of the SMART Recovery ABC Tool, which helps us cope with irrational beliefs. I have passed out a handout, which is pages 48 and 49 in the Handbook.*

*Start reading at "Strategy: Change your vocabulary, change your feelings" and read to the bottom of that page. (Allow time)*

*1. Let's go around the circle to talk about the word exchange. As you consider these suggestions for word exchange, which one might be most helpful for you to make?*

NOTE: Remind participants that these exchanges are only suggestions, and that our slogan is "Discover the Power of Choice." What they think about each word exchange is up to them.



*2-3. Let's do the next word exchange. Which one might be most helpful for you to make?*

After everyone shares their answers, say: *Thanks everyone. What did you learn from what you said and heard?*

Remember to:

- Smile at and thank each person after they speak
- When you come to the end of a discussion, you can prevent ending it prematurely by staring at the floor in the center of the room for five seconds before introducing another exercise

If you still need more exercises after the tool discussion ends, use other round-the-circle exercises, or have a backup handout.

## 8th meeting

### Discussion

*Today/tonight, we're going to look at the last point of the SMART Recovery 4-Point Program, about lifestyle balance. I've passed out a handout, pages 58 to 61 of the SMART Recovery Handbook.*

*Let's start by reading the first two pages, and then completing the exercise that begins on the middle of page 58. To complete that exercise you can fill out the diagram on page 61. I have pens if you need one or you can use your mobile device. (Allow time)*

*1. Let's go around the circle and talk about the Lifestyle Balance Pie. Let's start with the first, second and third items. What are the components of your lifestyle balance pie, and on a scale from 0 – 10, how satisfied are you with each one?*

*2-3. Now let's focus on the question under the fifth item. Please pick one question that seems relevant to you and tell us about it. If we have time we can go around the circle again and everyone can give us a second item as well. You can pass, too.*

*Would anyone like to show us your lifestyle balance pie? As you look at that pie, what do you feel motivated to do?*

After everyone shares their answers, say: *Thanks everyone. What did you learn from what you said and heard?*

Remember to:

- Smile at and thank each person after they speak
- When you come to the end of a discussion, you can prevent ending it prematurely by staring at the floor in the center of the room for five seconds before introducing another exercise

If you still need more exercises after the tool discussion ends, use other round-the-circle exercises, or have a backup handout.



## ***Worksheets***

Worksheets, such as those from the SMART Handbook or the Online Library, can be handed out for use in meetings. Encourage participants to buy a Handbook so they can use it between meetings.

By working on these individually, participants can focus on their particular situations and experience. Asking participants to share what they have written down and discuss as a group will pull this back to being mutual aid.

## ***Journaling***

Suggest to all new participants that journaling might help them in their recovery. It doesn't have to be fancy; they can use a notebook to use as their Recovery Journal.

This will give them a place to keep their goals, thoughts, exercises like an Urge Log, tool worksheets, etc. A journal is a great place to track progress as well as to note helpful ideas that come up in meeting discussions.

## Notes

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## Chapter 8: Questions facilitators are asked

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Facilitators are asked many questions; to prepare you for some of the more common ones, we've included this list of FAQs.

### **What is SMART's policy on medications?**

The decision to use Antabuse, Acamprosate (Campral), Naltrexone, Methadone, etc., or other legitimate medications prescribed by doctors is between the participant and their doctor.

### **On what model of addictive behavior is SMART based?**

There are many models of and theories about addictive behavior. Each includes certain implications for what to do to prevent and treat addictive behaviors. SMART Recovery doesn't endorse or adopt any particular model. Instead, we draw upon approaches that have scientifically been shown to work, and placed them into a broad framework for a rational approach to change. Most of what has been proven effective so far has come from conditioning, social learning and cognitive models.

SMART's position is that whatever model works for a person to abstain from and maintain abstinence from their addictive behavior or substance, and lead a balanced life is what's important, not the program they use to be successful.

### **Does SMART regard addiction as a disease?**

SMART Recovery tools can work for someone whether or not they believe addiction is a disease.

The debate over whether addiction is a disease can be divisive and distract from a person's recovery. Using a meeting to debate this issue may alienate participants and will not help in their recovery.

### **Is it OK to use the terms "alcoholic" or "addict" in meetings?**

We discourage the use of labels like alcoholic or addict. There's no evidence using these labels helps in recovery. In fact, people often feel stigmatized by such labels, and that can interfere with recovery.

If a meeting participant refers to themselves as an addict or alcoholic, that's their choice and they should not be made to feel unwelcome.

Explain why SMART doesn't use labels but avoid arguments or debates about this in meetings. SMART Recovery can work for someone even if they label themselves as an addict or alcoholic.

## **Is addictive behavior genetic?**

There is some evidence that genetics may be a component of addictive behavior, but no credible evidence suggests it's the only risk factor or even the main one. "Blaming" genetics can make a person feel powerless and even sabotage their recovery.

Many factors may play a role in the development of an addictive behavior including but not limited to:

- Family systems and dynamics
- Trauma
- Life experience
- Where a person is from
- Availability of addictive substances or stimuli
- Personal motivation

## **Is it OK if a participant talks about their religious or spiritual beliefs?**

We believe the power to change addictive behavior resides within each person. SMART is a secular organization so religious and spiritual beliefs and practices are not part of our program.

Religion and spirituality are personal choices and important to many in recovery. Participants with values and beliefs based in religion or spirituality are welcome at SMART Recovery even though SMART doesn't include a religious or spiritual aspect.

## **How does SMART deal with other mental health issues?**

Many people with substance and behavior addiction suffer from other emotional or psychiatric issues. SMART can't solve every problem, so we encourage these participants to seek professional treatment and guidance of a psychiatrist, psychologist, or other mental health professional to help them deal with their mental health issues.

## **Is treatment for addictive behavior essential for recovery?**

No. Many people recover by choosing to change their lives and by relying on support already available to them. People who need support may benefit from professional treatment or by participating in a mutual-aid support group.

## **What if a participant wants to "detox"?**

Detox from certain drugs such as heroin is unpleasant but isn't usually dangerous; however, detox from other substances, including alcohol, can be dangerous and even fatal if done without appropriate medical supervision.

Anyone who wants to stop taking a substance they're abusing should seek professional advice before they stop using.

You can provide this guidance to participants, but it's important you not give medical advice.

# Notes

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## Appendix: **Worksheets**

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**Opening Statement**

**Meeting Guidelines**

**Sample Ledger**

**Hierarchy of Values**

**Change-Plan Worksheet**

**Cost-Benefit Analysis**

**Urge Log**

**Weekly Planner**

**ABC**

**Disputing Irrational Beliefs**

**Lifestyle Balance Pie**

**Goal Setting**

**Suggested Reading List**

## Opening Statement

The Opening Statement explains SMART Recovery and how the meeting will proceed. Read it even if there are no new members. The Opening Statement is an important part of every SMART meeting; it provides uniformity throughout all meetings.

*Hello, my name is \_\_\_\_\_. Welcome to this meeting of SMART Recovery.*

*SMART stands for “Self-Management And Recovery Training.” This is a mutual support meeting where, through open and confidential discussion, we help each other and ourselves with recovery from any type of addictive behavior.*

*We view addictive behavior as our own responsibility and the result of choices we have made. If we have chosen to maintain an addictive behavior, it is possible we can also choose to stop it. We discourage the use of labels such as alcoholic and addict in our meetings.*

*Our approach uses self-empowering skills to help you build and maintain motivation; cope with urges; manage thoughts, feelings and behaviors; and live a balanced life.*

*Our meetings are 90-minutes long and consist of check-in, agenda setting, discussion, checkout, and passing the hat for donations. There is no fee for our meetings, but any donation is appreciated.*

*If this is your first meeting, you are welcome to join in the discussion or just listen if you prefer.*



## **SMART Recovery®**

### **Meeting Guidelines**

- 1.** We take responsibility for our own decisions and behavior and allow others to be responsible for theirs. Thus, there is no sponsorship or buddy system in SMART Recovery. We see addictive behavior as the responsibility of the individual, even if the behavior has a negative impact on others. We are welcome to attend meetings regardless of whether we are currently engaged in addictive behavior or not as long as we are not disruptive.
- 2.** We respect confidentiality for all that is said and done at meetings. We agree to not tell anyone outside the group who attended or what was said that in any way that would identify the individual. We may be barred from future meetings if we do so. Also, we will not identify people as meeting attendees if we meet them outside the group.
- 3.** We respect each other's privacy. We do not collect or share contact information from meeting participants. Socializing between members is seen as a private matter between individuals.
- 4.** We do not label others. We keep the focus on how to abstain. We do not use labels such as addict, alcoholic, druggie and so on in our meetings. Rather we focus on building a future where we are no longer engaged with the addictive behavior.
- 5.** We avoid side conversations and stay focused on the group. We are encouraged to ask questions and share ideas about what has helped us, which we describe as 'cross talk', but we avoid lengthy 'war stories'. There is no obligation to participate and anyone is free to just listen and observe if they prefer.
- 6.** We use the SMART Recovery program. SMART Recovery has been developed in collaboration between people in recovery and a team of professionals. The program is informed by the best research available, reviewed by an international panel of experts and then tested out in hundreds of meetings around the world. While anyone is welcome to mention other paths and approaches at meetings, we keep the focus on the SMART Recovery approach. We recognize that each participant needs to find a unique solution their unique situation. Thus, we do not bash other groups or approaches to recovery out of respect to those in our group may find them helpful.
- 7.** Relapse is seen as a learning opportunity, not something to be ashamed about. Recovery from any addictive behavior is difficult and often involves some steps back as well as steps forward. A lapse or relapse is not an excuse to give up, but rather to learn more about why it happened so it can be avoided in the future. SMART Recovery tools and strategies are designed to help with this journey.
- 8.** Attend several meetings before making up your mind whether this approach will help you. Developing self-management and recovery skills doesn't happen instantly, but rather over a period of several weeks to months. Have patience and feel good about what you are learning as you take one small step at a time.
- 9.** We seek professional help where appropriate. Many people can benefit from professional help as part of their recovery support system. SMART Recovery is not a substitute for professional counselling, nor is it designed to help with serious mental health problems or crisis situations.



Hierarchy of Values

What I value most
1.
2.
3.
4.
5.

Sample Ledger

DATE	IN	OUT	PURPOSE	SIGNED	BALANCE	

## Change-Plan Worksheet

<b>Changes I want to make:</b>					
<b>How important is it to me to make these changes?</b> (1-10 scale)					
<b>How confident am I that I can make these changes?</b> (1-10 scale)					
<b>The most important reasons I want to make these changes are:</b>					
<b>The steps I plan to take in changing are:</b>					
<b>How</b>	<b>other</b>	<b>people</b>	<b>can</b>	<b>help</b>	<b>me:</b>
<b>Person</b>	<b>Kind of help</b>				
<b>I will know my plan is working when:</b>					
<b>Some things that could interfere with my plan are:</b>					

## Cost-Benefit Analysis

Using or Doing	
Label each item short-term (ST) or long-term (LT)	
Benefits (rewards and advantages)	Costs (risks and disadvantages)
NOT Using or Doing	
Label each item short-term (ST) or long-term (LT)	
Benefits (rewards and advantages)	Costs (risks and disadvantages)

Urge Log

Date	Time	Rate 1-10	Length of urge	What triggered my urge?	Where/who was I with?	How I coped and my feelings about coping	Alternative activities, substitute behaviors

Weekly Planner

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Midday							
Evening							

ABC

A Activating event	B Belief about event — irrational	C Consequence of my irrational belief	D Dispute my irrational belief	E Effective change in my thinking

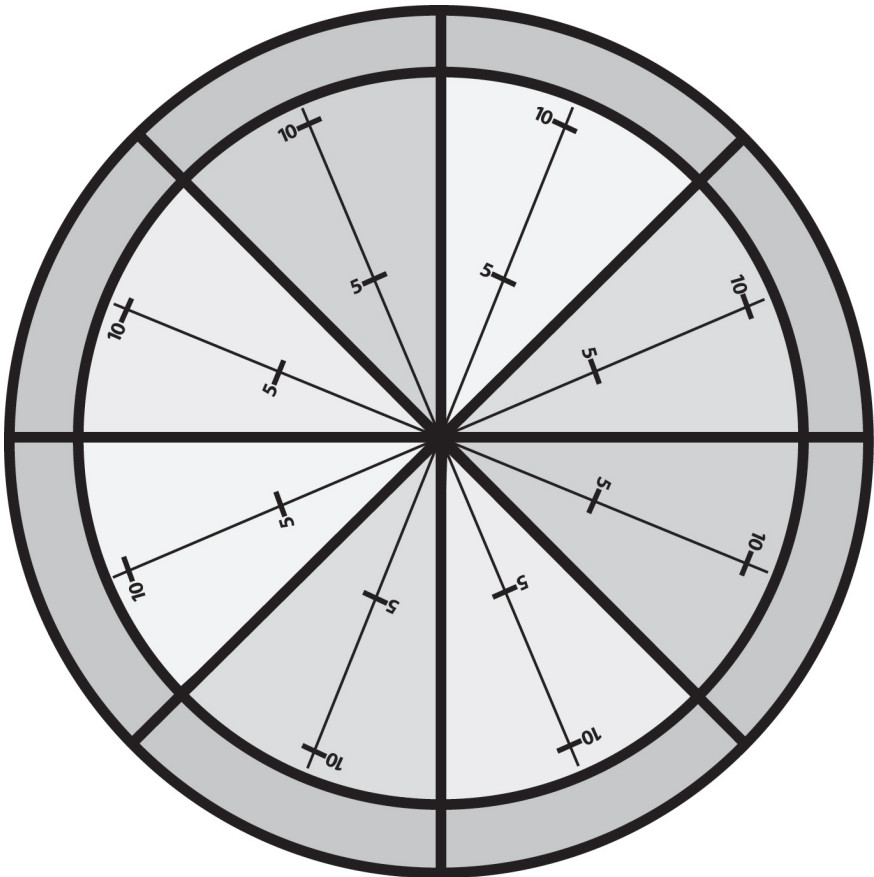
## Disputing Irrational Beliefs (DIBs)

[illegible]



Lifestyle Balance Pie

Date



Lowest scores	
Life category	Score
1.	
2.	
3.	
4.	
Highest scores	
4.	
3.	
2.	
1.	
Plan	

## Goal Setting

<b>Life category</b> (from Lifestyle Balance Pie):				
<b>Related to value</b> (from HOV):				
<b>Goal:</b>				
Specific	Measurable	Agreeable	Realistic	Time-bound
<b>Revised goal</b> (if needed):				
Specific	Measurable	Agreeable	Realistic	Time-bound
<b>Tasks/objects to reach goal:</b>				

<b>Life category</b> (from Lifestyle Balance Pie):				
<b>Related to value</b> (from HOV):				
<b>Goal:</b>				
Specific	Measurable	Agreeable	Realistic	Time-bound
<b>Revised goal</b> (if needed):				
Specific	Measurable	Agreeable	Realistic	Time-bound
<b>Tasks/objects to reach goal:</b>				

## SMART Recovery® Suggested Reading List

### **SMART Recovery® Publications**

**SMART Recovery® Handbook** - A compilation of practical information designed to assist the reader in attaining the ultimate goal of recovery.

**SMART Recovery® Facilitator's Manual:** This how-to manual provides an excellent overview of how to start a SMART Recovery group meeting, and also serves as a superb refresher for individuals who have been leading groups for some time.

**SMART Recovery® Family & Friends Handbook:** Designed for people affected by the addictive behavior of a loved one, this 138 page Handbook contains 14 sections with a wide range of topics including: Change and Motivation, Positive Communication, Healthy Boundaries, Safety and Support, Coping with Lapses, Disable the Enabling, Trust and Forgiveness – and much more. It can be used in conjunction with attendance at SMART Family & Friends (F&F) online or community meetings, or on its own.

**SMART Recovery® Family & Friends Facilitator's Manual:** This how-to Manual provides information for conducting a SMART Recovery® Family & Friends Meeting using a combination of SMART Recovery® tools and CRAFT (Community Reinforcement and Family Training) concepts. The 144 page Manual contains 14 sections with suggested meeting outlines for exploring a wide range of topics including: Change and Motivation, Positive Communication, Healthy Boundaries, Safety and Support, Coping with Lapses, Disable the Enabling, Trust and Forgiveness – and much more. The Manual is used in conjunction with SMART Recovery® FAST Distance Training.

**SMART Recovery® Teen Handbook:** Developed via a grant obtained by The Community Coalition for Teens in Greenfield, Massachusetts, the SMART Recovery® Handbook was adapted to be applicable and helpful to teens. (SMART Recovery® wishes to also gratefully acknowledge the Bureau of Substance Abuse Services, a department of the Department of Public Health, Massachusetts for providing the funding for the creation of the Teen Handbook.)

**Addiction and Co-Occurring Disorders from a SMART Recovery® Perspective: A Manual for Group Therapists** - *by Dawn Adamson, RN, CPMHN(c), CARN, and A.G. Ahmed, MD, FRCP*, This manual aims to engage the individual in the recovery process, increase individual insight, motivate and sustain change through education and skill development. The program has been adapted and delivered in a community setting to individuals with co-occurring mental disorders.

**SMART Recovery® Motivational Guide and Workbook for Recovering Healthcare Professionals** - *by Maria Elsa Rodriguez, DNP, ACNS-BC*, Chapter topics include: Motivation; The Prevalence of Addiction in Healthcare Providers (physicians, nurses, psychologists, pharmacists and dentists); Information About SMART Recovery®; The Brain, Drugs, & Motivation; An Overview of Cognitive-Behavioral Therapy; The Transtheoretical Model of Change; Self-Efficacy; Self-Esteem and Self-Worth; Locus of Control; Resilience; Coping Skills for Emotions & Behaviors; and an Appendix reviewing The Background and History of Narcotic & Alcohol Use in the United States. A number of interactive activities are included throughout the workbook.

### **Addictive Behavior Self-Help**

**365 Ways to Have Fun Sober** – Lisa M. Hann (Kindle book, Amazon Digital Services, 2014)

**AA Not the Only Way – Your One Stop Resource Guide to 12-Step Alternatives** – Melanie Solomon (Capalo Press, 2008)

**Alcohol: How to Give it Up and Be Glad You Did, A Sensible Approach** - Philip Tate, Ph.D. (See Sharp Press 1997)

**Inside Rehab: The Surprising Truth About Addiction Treatment-and How to Get Help That Works** – Anne M. Fletcher- (Penguin Books, 2013)

**Powerless No Longer: Reprogramming Your Addictive Behavior** – Peter W. Soderman & Michael Werner (CreateSpace Independent Publishing Platform, 2013)

**Rational Drinking: How to Live Happily With or Without Alcohol** – Michael Edelstein & Will Ross (Kindle book, Amazon Digital Services, 2013)

**Recover! Stop Thinking Like an Addict and Reclaim Your Life with the PERFECT Program** – Stanton Peele & Ilse Thompson (Da Capo Lifelong Books, 2014)

**Sex, Drugs, Gambling, & Chocolate: A Workbook for Overcoming Addictions** – A. Thomas Horvath, Ph.D. (Impact Publishers, Inc. - 1998)

**The Small Book** - Jack Trimpey, LCSW (Delacorte Press, New York, NY - 1992)

**When AA Doesn't Work for You: Rational Steps to Quitting Alcohol** - Albert Ellis, Ph.D. & Emmett Velten, Ph.D. (Barricade Books, Inc., Fort Lee, NJ - 1992)

**Recovery Options – The Complete Guide** – Joseph Volpicelli, M.D., Ph.D. (Wiley, 2000)

**Sober for Good: New Solutions for Drinking Problems-Advice from Those Who Have Succeeded** – Anne Fletcher (Houghton Mifflin Co., 2001)

### **Family & Friends**

**Almost Alcoholic-Is My (or My Loved One's) Drinking a Problem** – Joseph Nowinski, Ph.D. & Robert Doyle, M.D. (Hazelden, 2012)

**Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening** – Robert J. Meyers, Ph.D., and Brenda L. Wolfe, Ph.D. (Hazelden Publishing and Educational Services 2004).

**Beyond Addiction: How Science and Kindness Help People Change** - Jeffrey Foote, Carrie Wilkens, and Nicole Kosanke (Scribner, 2014)

**Sober for Good: New Solutions for Drinking Problems** – Advice from those who have Succeeded – Anne Fletcher (Houghton Mifflin Co. 2001)

### **General Psychological Self-Help**

**Feeling Good: The New Mood Therapy** - David D. Burns, M.D. (Harper, 2008)

**The Feeling Good Handbook** – David D. Burns, M.D. (Plume, 1999)

**Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy** – Steven C. Hayes & Spencer Smith (New Harbinger Publications, 2005)

**How to Stubbornly Refuse to Make Yourself Miserable About Anything, Yes Anything!** - Albert Ellis, Ph.D. (Lyle Stuart, Inc., Secaucus, NJ - 1988)

**The Power of Habit: Why We Do What We Do in Life and Business** – Charles Duhigg (Random House Trade Paperbacks, 2014)

**Three Minute Therapy, Change Your Thinking, Change your Life\*** - Michael Edelstein, Ph.D. (Glenbridge Publishing, Ltd. - 1997)

**When I Say No I Feel Guilty, Vol. II for Managers and Executives** – Manuel J. Smith, Ph.D. (A Train Press, 2000)

**Self-Help That Works: Resources to Improve Emotional Health and Strengthen Relationships** – John C. Norcross, Ph.D. and 5 others (Oxford University Press, 2013)

**Changing For Good** – James Prochaska, Ph.D., John Norcross, Ph.D. & Carlo DiClemente, Ph.D. (Wm. Morrow & Company, New York, NY-1994)

**The Authoritative Guide to Self Help Resources in Mental Health** - John C. Norcross, Ph.D. and 5 others (Guilford Press, rev. ed., 2003)

### **Suggested Reading for Facilitators & Volunteer Advisors**

**The Brain that Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science** – Norman Doidge (Penguin Books, 2007)

**The Handbook of Alcoholism Treatment Approaches: Effective Alternatives (3rd edition)** – Hester & Milller, eds. (Allyn & Bacon 2003)

**Managing Addictions: Cognitive, Emotive and Behavioral Techniques** –F. Michler Bishop (Jason Aronson, 2000)

**Mindfulness-Based Sobriety** – Nick Turner MSW, Phil Welches PhD, Sandra Conti MS (New Harbinger Publications, 2014)

**Motivating Substance Abusers to Enter Treatment** – Jane Ellen Smith, Ph.D. & Robert J. Meyers, Ph.D. (The Guilford Press, 2007)

**Motivational Interviewing: Helping People Change** - William R. Miller and Stephen Rollnick (Guilford Press, 3rd ed., 2012)

**Principles of Drug Addiction Treatment: A Research Based Guide** - National Institute on Drug Abuse (free download on NIDA website)

**REBT Super-Activity Guide: 52 Weeks of REBT for Client, Groups, Students, and YOU!** – Pamela D. Garcy, Ph.D. (CreateSpace Independent Publishing Platform, 2009)

**Addictive Behavior – Websites & Other Media**

[www.smartrecovery.org](http://www.smartrecovery.org)

[www.health.org](http://www.health.org)

**Addictive Behavior – Websites & Other Media - General Behavior Change - For Facilitators & Volunteer Advisors**

[www.aabt.org](http://www.aabt.org)

[www.mindtools.com](http://www.mindtools.com)